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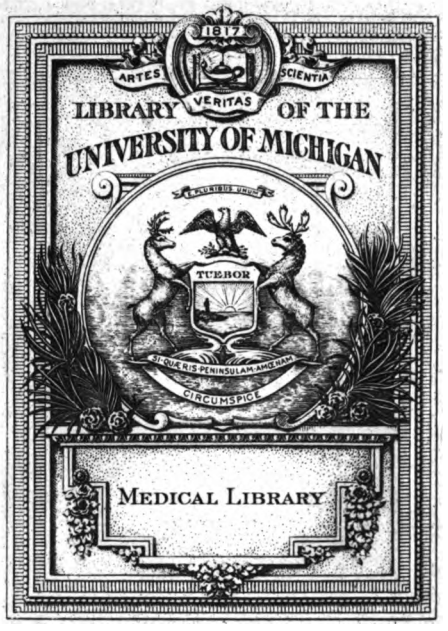

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JONATHAN KNIGHT, M.D.

PROFESSOR OF SURGERY IN YALE COLLEGE

Jonathan Knight.

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THE

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On Post Partum Hemorrhage attended with firm uterine contraction.

By William Johnson, M. D.

When we advert to the numerous and erudite monographs on uterine hemorrhage, I may subject myself to the charge of supererogation, by the farther discussion of the subject. But when we realize the tremendous responsibilities which devolve upon the accoucheur; that he is instrumentally the arbiter of the destinies of the most interesting portion of our race, and that by his neglect or mal-interference, the strongest and most endearing links of humanity may be disruptured:—I say when we take into consideration the magnitude of this subject, and the importance of the accoucheur being thoroughly instructed in his responsible office, I shall meet with indulgence in its renewed presentation; and in fact, such is the constitution of our nature, that in science, as well as in religion, we need "line upon line and precept upon precept."

Of all the accidents to which the accoucheur is subjected in the discharge of his professional duties, none is of more frequent occurrence; none excites deeper interest, and none requires more professional tact, than uterine hemorrhage. On the correct management of these cases, often depend the lives of individuals, and the happiness of families. Hence the vast importance of the accoucheur being thoroughly indoctrinated in every department of obstetrical science.

It is not my purpose at this time to treat of uterine hemorrhage in general, but to direct attention to that particular form of it, which is designated by the caption of this article. It is post partum—the placenta has been expelled—the uterus feels firmly contracted to the hand—there may be, or there may not be, pain; sometimes, however, the pain is as intense as the throes of labor; and with this condition of the uterus there is hemorrhage—sometimes extremely profuse. Now this condition of the organ, and this manifestation of symptoms must have been cognizant to every accoucheur engaged in extensive practice. Still we find very little

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notice of this peculiar form of hemorrhage in systematic works on midwifery. Nearly all our best writers are silent, I believe, on this subject. The attention of the profession has, however, lately been called to it, by an article from the pen of Dr. Francis H. Ramsbotham. This gentleman is already favorably known to the profession, by his very erudite work on the "Process of Parturition." In that work the doctor very briefly adverts to this peculiar form of hemorrhage. He has, however, lately detailed seven interesting cases which have fallen under his observation within a year. From this he justly concludes that it is a circumstance of no rare occurrence. Now this condition of uterine contraction with profuse hemorrhage is every way calculated to puzzle and greatly embarrass the young practitioner. He recognises in the firm contraction and hardness of the uterus, and sometimes even diminished size of the organ, that very condition which the high authority of Dr. Dewees assures him, insures the safety of the patient; and yet she is bleeding to death. How are we to explain this anomoly? What is here the ipse morbus—the real pathological condition of the uterus? It is simply this. Some part of the internal surface of the uterus is coated with a firm fibrinous deposit from the effused blood, which is so firmly adherent that the most violent uterine contractions are insufficient for its dislodgement. Such is the explanation given by Dr. Ramsbotham, and he states that he has seen a mass of this fibrinous deposit, which had been so adherent to the uterus, that the greatest portion of the red globules had been squeesed out by repeated uterine contractions, so that the mass was almost white.*

This explanation accounts for the intensity of the pain experienced in this condition of the uterus—that this pain is produced by the ineffectual efforts of the uterus to empty itself; but does it explain the profuse hemorrhage attendant upon such a degree of uterine contraction? Will I subject myself to the charge of professional heterodoxy by the following additional explanation, viz: The uterus in this affection is somewhat in the state in which we find it in cases of encysted placenta—of hour-glass contraction. There is in these cases irregular, but firm contraction of the uterus—often severe pain and profuse flooding. Some fasciculi of muscular fibres are acting inordinately; others are quiescent; a large portion of the uterine vessels over which the placenta was implanted are patulous, and pouring out blood profusely, from that portion of the uterus not subjected to contraction; whilst in that portion in which contrac-

* Dr. Ramsbotham has found the adhesion of this fibrinous deposit to the uterus as firm as that of an adherent placenta.

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tion is vigorous, there is occlusion of the vessels. This I grant is mere speculation, and I am aware that another explanation may be given of this circumstance. I am not, however, tenacious of my opinion, or disposed to dwell longer on this point.

We have now ascertained that although the placenta and membranes have been expelled from the uterus, there is yet foreign material remaining, which the organ is unable to rid itself of, and that this material is of firm, fibrinous formation, and that its presence keeps up hemorrhage, endangering the safety of the patient, and adding vastly to her sufferings. And now what is the indication? Obviously to empty the womb by the introduction of the hand, and to scoop out the offending body. I have, from the very commencement of my medical career, been governed by this plain and obvious principle; that where the womb was unable to accomplish this emptying process, to render manual aid.

Whilst I would deprecate too much officiousness on the part of the accoucheur in accelerating natural processes, I would equally deprecate that inexcusable inactivity which would suffer the flood-gates of vitality to remain unclosed, and see life ebb away without resorting to the most rational means for arresting the mischief. We will suppose that plumbi acetas, secale cornutum, abdominal friction, cold applications, have been fairly tried, and hemorrhage has not been arrested: let the right hand be lubricated with some unctuous substance, and passed into the uterus, whilst the left hand applied to the abdomen, firmly supports the fundus uteri. Let uterine contraction be now solicited by the hand within the womb, and let all the coagulated blood be scooped out, and we will often, be surprised at the relief which we have given to our patient.

I could add considerably to the number of cases which Dr. Ramsbotham has given in illustration of the affection which we have been considering. But I do not know whether it would be interesting or profitable so to do. Let one suffice. I was called up about 4 o'clock in the morning, some six years ago, to attend the wife of the Rev. Mr. T——. This lady was healthy, aged about 22 years, and in labor with her first child. I found the vagina and external parts prepared for the passage of the child. The membranes soon ruptured. The presentation of the head was good, and the labor was an easy one. The child was born early in the morning. It was small. The placenta was not retained long. There was no unusual discharge. The uterus was hard and well contracted, and more diminished in size than usual. I applied the broad bandage to the abdomen, and adjusted my patient in bed. I remained with the family until after breakfast. When I went up stairs to take leave of

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my patient, I found that she had rather more after pain than is usual in a primipara case, but no other circumstances to elicit attention. I left her an anodyne and some plumb. acet., to be taken if the circumstances of the case should indicate their use. I had not been at home more than an hour, when I was again summoned to Mrs. T. She had taken the articles prescribed for her, but had obtained no relief. I found her agonizing with pain, flooding profusely, pallid and disposed to syncope. The womb was as as much contracted as is usual at this period, after delivery. I passed my hand immediately into the womb, and scooped out a handful of firm, adherent, fibrinous deposite. The relief was immediate—the flooding ceased; the pain left her, and her recovery progressed without another untoward symptom.

Another case has very recently occurred to me, as follows—

Mrs. R., sent for me at 5 o'clock in the afternoon, of November 19th. She was in labor with her fifth child. The membranes had ruptured two hours previously, with merely a slight uneasiness in the womb. Pains set in, and although at rather long intervals, were increasing in force. I found the os uteri dilated to the size of a dollar, low in the pelvis and very dilatable. The vagina and external parts were prepared to admit the passage of the child. The presentation was that of the head, and in the first position of Baudeloque. The pains continued to increase in severity until 7 o'clock. As this lady had, in all her confinements, been subject to profuse hemorrhage, I now gave her one drachm of tinct. ergot. and repeated it at intervals of twenty minutes, until she had taken three drachms. The child was born at eight o'clock. There was none of that continuous pain, which results from the action of ergot on the womb. The article was either of an inferior quality, or else there was idiosyncracy in the patient. Immediately upon the expulsion of the child, I gave another drachm of ergot. But very soon after I had tied the cord, and removed the child, hemorrhage, as usual with her, set in, and was profuse. The uterus felt firmly contracted, but I suspected encysted placenta. She had by this time lost a considerable quantity of blood, and I thought it proper to introduce my hand in utero. My suspicions with respect to hour-glass contraction were verified. I found a small portion of the placenta hanging out of the uterus, but I had penetrated but a little further when I encountered a stricture, which I was really afraid at first, would prove impenetrable. It would scarcely admit two fingers, and felt almost as firm as sole leather; but by placing my fingers, so as to form a cone, and pressing continually, but gently against the opening, my hand in a few minutes entered the upper cham-

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ber of the hour-glass, in which I found the greatest portion of the placenta. It was easily removed, and the blood fairly evacuated from the womb. I excited its contractions, and gave my patient ten grains plumb. acet. and another drachm of ergot. I gave her two more doses of the lead, each containing five grains, in a very short space of time. Cold applications were used to the abdomen. Still she continued to saturate cloth after cloth, she now became faint and danger was impending. I turned her over on her back with a view of passing my hand into the uterus. This organ was firmly contracted and even diminished in size, more than usual at this period after delivery. Yet she was flooding alarmingly. I passed my hand into the vagina, but could not introduce it fairly into the uterus on account of its contracted condition, and without using so much violence as would have been incompatible with the integrity of the organ. I however, removed a handful of the firmest and most adherent fibrinous deposit that I have ever witnessed. The hemorrhage immediately ceased, so that from being obliged to have the saturated clothes removed from the vulva every five or six minutes, it was not necessary to change them again in twelve or fifteen hours. The pain now left her and she became comfortable. She is now doing remarkably well.

The points of interest in this case are these—the great proclivity to hemorrhage in this patient—the utter failure of hæmostatic remedies—the supervention of fibrinous deposit after the womb had been once fairly emptied—the immediate relief obtained by the removal of this deposit, and the complete check given to the hemorrhage. I do not recollect another instance, where I have been obliged to introduce the hand twice upon the same patient, at the same accouchement for the arrest of hemorrhage.

In my concluding chapter, it is proper that I devote a brief consideration to the only therapeutic measure in which I can place reliance in the management of the peculiar form of uterine hemorrhage, which has been the subject of this essay—namely *the introduction of the hand in utero.*

I am aware that I now enter on debatable ground, and that obstetrical writers are pretty nearly divided *pro* and *con*, on the propriety of introducing the hand in post partum hemorrhage. On the negative in the fore front of the phalanx stands our own highly and deservedly esteemed Dewees. I bow with deference to the high claims of learning and experience. But I cannot more readily subscribe to medical, than to ecclesiastical infallibility. I claim the right of private judgment, and what I ask for myself, I willingly accord to others.

When we take into consideration the nature of that peculiar kind of

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uterine hemorrhage, of which I have been treating, I think there can be but one opinion as to the course of conduct which is indicated. Nothing but the introduction of the hand, and scooping out the adherent fibrinous deposit will rescue the patient from impending danger, and present suffering. The only question which I think can be agitated, is the safety of the measure, and the amount of suffering to be endured by the patient; but when we look at the object in view, every consideration should be merged in that of the safety of the patient. The introduction of the hand in utero, when coolly and gently performed is a safe measure; and when we recollect that the parts through which the hand must pass, have already undergone immense distention, and are still more relaxed and dilatable, in consequence of hemorrhage, the amount of pain which the woman will be called upon to endure will not be found to be very great. Let not the patient be terrified by our manner, or our preparations, but make to her the simple announcement that her safety requires the adoption of the measure, and that she will not be put to much suffering by it. She seldom will object, and never obstinately.

Let not the reader suppose that I attach undue importance to the introduction of the hand in post partum hemorrhage, or that I give it an improper prominence, or that I advocate an indiscriminate resort to it. Far be it from me to have produced such an impression; much as I value this resource of our art, I should be sorry to have it abused. But there are cases, in which I consider it to be indispensable; such are those which have been the subject of this essay. Far the greatest majority of cases of uterine hemorrhage may be conducted to a favorable termination, without resorting to this measure. They will yield to the judicious employment of abdominal friction, secale cornutum, plumbi acetas, and cold applications. But never let the patient's safety be hazarded by too long delaying the operation of this very efficient measure. In fact, I have encountered a considerable number of cases of post partum hemorrhage, where the discharge has been so very profuse—the drafts on vitality so large, that I have not dared to waste time in resorting to internal means, but have introduced the hand at once into the uterus, to excite its contractions; and I can solemnly aver that I have never, in a single instance, seen any unpleasant effects whatever, either direct or remote, from the measure, or have I in my cooler moments regretted this course, or found any reason in the judgment of my own conduct to condemn myself for it. If success be any evidence of correct practice, (and I cannot think it a mean evidence,) I may simply state, that I have never lost a patient with uterine hemorrhage. Permit me here to relate an anecdote, which, while

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it may subject me to the charge of egotism, will strikingly corroborate the propriety of the course, which I have advocated. Some years since, I had a conversation with my esteemed brother-in-law, the late Dr. Corsan, of New Hope, on post partum hemorrhage, in which I dwelt upon the necessity of the immediate introduction of the hand, in cases of unusual violence. Shortly after this conversation, the Dr. was called to an obstetric case, which went on very happily, and he put the patient to bed; but he had not left the house, before he was summoned again up stairs to his patient, whom he was told was flooding to death. He was at her bed-side in a few minutes. Such a profuse hemorrhage, he assured me, he had never before witnessed, and that he never before had had his feelings so painfully excited. He passed his hand (which was a large one, for he was a large man), immediately into the womb. The hemorrhage was instantly arrested. "Thank Dr. Johnson," says he in parting with the husband, "for the life of your wife, for it was by acting out his suggestion that she has been saved."

This proclivity to excessive uterine discharge is in some parturient females, astonishingly great, so that in every accouchment, their lives are jeopardized from this cause. I recollect waiting upon a lady, in the early period of my professional life, in six of her confinements; in five of which I was compelled to introduce the hand to arrest hemorrhage. I was not at this time fully acquainted with the value of secale cornutum. I have now been for several years, in the habit of giving to patients subject to these excessive discharges, 10 grains of secale cornutum, about half an hour before the passage of the child's head, and 10 grains more immediately after the birth of the child, or what is equivalent, one drachm of the tincture of ergot in the same manner. Hemorrhage is now rarely troublesome.

I have been obliged to digress more than I had intended, at the commencement of this essay; the subject of uterine hemorrhage is so involved, as to render digression almost unavoidable. And that I may not be misunderstood in the measures which I have devised, permit me here to sum up my management of post partum females. Immediately after the expulsion of the placenta, I renew the palpation over the uterus, which I had previously employed, and excite its action by gentle friction. As soon as I feel the organ firmly contracted, I apply the broad bandage to the abdomen, a cloth to the vulva, and adjust the patient in bed. I remain with her from half an hour to one hour. I frequently make inquiry as to the state of the discharge; if told that it is too profuse, I request to see her napkin. If I find it to be so, and an absence of pain,

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I examine the abdomen and endeavor to excite the action of the womb in the way already stated. I administer at the same time a teaspoonful of tincture of ergot or an equivalent of the powder, and repeat the dose in a diminished quantity in twenty minutes, and if uterine inertia be not now removed, I apply a large napkin dipped in cold vinegar to the abdomen, and repeat it even before it gets warm, as the principal benefit from this application is derived from the sudden shock given by the cold. If these means do not succeed in arresting hemorrhage, I now pass my hand intra utero and excite the action of the organ, and scoop out all the coagulated blood. On the other hand, if I find too much discharge attended with pain, instead of ergot I give plumbi acetas in doses of three grains every twenty minutes, and if not successful in a reasonable time, I introduce the hand and remove the fibrinous deposit by scooping it out. The ergot here would only increase the sufferings of the patient, whilst it would be inadequate to the expulsion of the coagulum.

I have been in the habit from the very commencement of my practice of leaving with every parturient patient before taking my leave of her, seven or eight doses of plumb. acet. with directions, that it be taken every twenty minutes, if unusual discharge should occur, until it be arrested. Should not the discharge be checked after the second dose, I direct the application of a large napkin dipped in cold vinegar to the abdomen, and repeated if occasion should require. I think that by these means, I have been instrumental in saving some valuable lives. It is true, that in the vast majority of cases there will be no necessity for their employment, but I always like to have a resource in cases of emergency.

Before concluding this essay, I shall take the liberty of introducing a case, which, whilst it does not strictly belong to the subject which has been discussed, tends to illustrate some of the principles for which I have been contending, and at the same time, to show the importance in every instance of protracted hemorrhage, of ascertaining the precise cause which keeps it up. These causes are fibrinous deposit, retained membranes, disruptured placenta, or polypus. The last we have nothing to do with at present.

I was called about 26 years since, to visit Mrs. S., who resided 5 miles from me. She had been delivered about six weeks before, by a neighboring practitioner. Every five or six days since, she had had considerable flooding. She was pale, anæmic, bloodless. I did not learn that her medical adviser had instituted an examination per vaginam, to ascertain the cause of this unnatural discharge. I found the os uteri patent and could detect a foreign body, which I believed to be a ruptured placenta,

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I introduced my hand into the vagina, and the greatest portion of it within the uterus, and removed a portion of placenta as large as a hen's egg. Her recovery was rapid and complete.

WHITE HOUSE, *December*, 1853.

"THE CHANGE OF LIFE," *in Women; with remarks on the periods usually called "Critical."*

BY THE EDITOR.

Introductory Remarks—Specialities; abuse of the Speculum; Errors of Popular Opinion; Changes Natural.

I propose to offer in the present, and subsequent numbers of this journal, a series of essays upon the subject designated by the above title, to which the candid attention of the profession is invited. It is one, not usually treated of in books to any considerable extent, and it is feared, not regarded in general practice, in the light which nature, and sound views of science would dictate; and as the investigation of it may elicit some novel reflections which are opposed to generally received notions of the subject, I enter upon it with cautious deference to recognized authority, and yet, I trust, in the spirit of independent enquiry. While I would urge that the changes in the life of woman should be met by her professional attendant, with an honest regard for her welfare—that he should consider them as *appointed times* in her history, and not as outbreaks of an erratic nature, or as accidents, in the working of a delicate machinery—I would have the profession gracefully to shrink from undue interference with the operations of nature, and save itself from the imputation of rash meddling with the wise and essential developments of natural law: that it may not be said of any of her votaries,

"——fools rush in, where angels fear to tread."

In these times when *specialities* are becoming the order of the day in medicine; when physicians, are apt to select some particular subject upon which to display their talent, and exercise their skill, there is great danger of exaggeration, both as to the nature, and treatment of the particular diseases that may claim attention. And though it be true that greater light may be elaborated by such special investigations, it is well to guard against, at least *extravagant error*. With reference to the matter before us, we fear there is more error than may be freely confessed. Woman herself, according to the custom of the day, has made up her

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mind that these changes are always more or less dangerous; and the physician is too often tempted, to accord with her prejudices, and to subject her to treatment, sometimes the most unscientific in its character, and in its results, most unsatisfactory, except to the pecuniary *taste* of the prescriber. While I would not apply this remark to the whole profession, I would appeal to the observation and conviction of all, and ask,—Is there any subject within the domain of medical science, that is more frequently presented by the empiric, than that of female disease?—Are there not more "cures" offered through the press, and in the social circles of females, for the so called diseases of this class, than any other? Does not almost every paper contain advertisements of specifics to conduct females safely through their "critical periods"? And even within the ranks of legitimate medicine, are there not hundreds of physicians scattered through our land, who are running, with wild enthusiasm into false theories, and adopting injurious practice, with reference to the uterine system.

What can be more humiliating to a high standard of professional honor and probity, than to see a man, who may honestly enough, and with propriety, devote himself to the study and cure of female diseases, stoop to the practice of examining with the eye, all cases of suspected disorder, or displacement of the uterus? Taking young girls from the school or the nursery, and exposing them to the degrading practice of ocular inspection. There are cases when this course may be indicated; but to aver that the practice should become common, is an absurdity, against which all past experience in medicine, all decency in morals, and all honor in manhood, should exclaim with unceasing opposition. Instances have come to the knowledge of the writer, where through the officiousness of a so-called "womb doctor," young ladies, just developing into maternal proportions, and experiencing the sensations peculiar to that particular age and condition, have been suspected of uterine disease, and exposed without the least necessity, to having the vagina dilated by a speculum or bougie, so that the operator, and friends of the patient, might have an opportunity of "seeing for themselves," the appearance of the organ. Credulous and anxious mothers, superstitious nurses, and meddling female friends, were perhaps called to witness that the diagnosis of the physician was correct, while they themselves could not judge between a natural or disordered appearance of the parts; and yet this speculum and bougie practice is becoming extremely fashionable in some places, and the physician who can boast of having *seen* the greatest number of *wombs* is esteemed worthy of more credit, than the hundreds of less officious, and yet quite as successful

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practitioners who have been content to use the speculum as a necessity, and not as an amusing boast.

Take again the other period of life, when the uterus, to use a familiar comparison, "retires from active service:" how common it is to act at this important change, as if the organ was rebelling against a natural law, instead of yielding to an unalterable decree; and to impress the mind of the female with the belief, that she is doomed during her remaining years to countless ailments, unless she submits to medical treatment. It would be just as rational for the husbandman to force open the advancing bud of spring, or to climb the trees of his forest to assist nature in stripping them of their falling leaves, in autumn, as to interfere with the opening bud, or the falling leaf, in the vernal and autumnal seasons of womanhood, unless such interference is positively demanded by a departure in the constitution from a natural condition. What these departures may be—and how they are to be managed, will occupy our thoughts in future. If there are pains, and sensations of an unusual nature, the doctor suspects, or says there is danger,—as the function of the organ is now to cease,—of cancer, or some kindred malady, and to judge that all is right, or find out what is wrong, he *exhorts* his patient into a panic; and she, wearied with undue advice, and alarmed by her own feelings rendered morbid, and acutely sensitive by constant direction of the mind to herself, submits to *inspection*, perhaps to cauterization, and she escapes, if with nothing worse, perhaps with irritability of the organ, and deranged nervous system, that are entailed upon her for life.

We would not disclaim against specialities—we are glad to see them pursued in the hands of honest and prudent men; and no one is more deserving of the best talent and most arduous labor, that our profession can supply, than that which comprehends the entire uterine system; but we would raise a voice, and bear a testimony, be they ever so feeble—against the practice, that is becoming common in certain quarters, of placing woman in that position, in which she is made the special victim of professional cupidity, because she is taught to believe that she is peculiarly the subject of alarming disease; and if the effort now made to shield her from offensive professional intrusion, may be in the least degree successful, while it may contribute to enlighten her as to her true position in these respects, the author will be amply rewarded for his labor.

That there are two changes in the life of women, termed *critical* is well known to all; but that these are necessarily dangerous, is not so readily admitted. Every female of sufficient years, experiences one, or

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both, in the course of her history. Every careful mother, to whom has been assigned the responsible charge of rearing a daughter, knows what it is to look forward with anxiety, to the period of pubescence in her growing child. The girl of twelve years becomes in her eyes a new being, and after her twelfth birth-day, the watchings and fears, the doubts, and hopes, that toss her heart to and fro, as she looks with maternal solicitude upon the daily course of her child, are only known to herself. But why these conflicting emotions! The child is well, she has been reared so far with a good degree of health; and whence the trembling now?

Nature has appointed a change—a *critical* period. In that girlhood is to commence a development that is to assume a woman's nature—organs of the body that have have been hitherto dormant, are now to be aroused to actions, as essential to the health of their possessor, as they are to her guileless mind, novel and mysterious—she is to grow into woman's estate. Her bones, muscles,—all her tissues and organs, are to spread out with a rapidity hitherto unknown.

In stature she becomes a woman, and in mind, more womanly. The mother is anxious lest any natural or artificial interruption should arrest the progress of nature; and then, as she passes on in her own circle of years, till the age of forty or forty-five, she begins to experience a new train of thoughts, and to have new fears, and many anxious hours by day and night, with reference to herself. The time is at hand, when nature shall visit her with the assurance that she has reached the summit of maturity, and that henceforth, she will pass over the downward slope of life. Those very functions, the healthy manifestation of which in the child, she so much desired, and watched with so much care, are now, to cease in herself; and though she may have borne children, and had a goodly heritage through all the days of her maturity, now she shrinks, and yet rejoices. She fears lest it may not be well with her, and yet would be glad, because the time is past for her to become the mother of any more offspring. She wants to cross the line, and yet she falters. She knows she must, and yet she fears; she feels that she will, and yet she would not. Nature has appointed another change. In that womanhood, matured by experience and care, is now commencing the process of decline. Organs that have contributed by their operations to constitute her equal to her sphere and calling, now, as in childhood, become dormant again, and she stands upon the threshold of old age, looking fearfully forward, to years of suffering and affliction, at the very time, when of all others, she should be cheered with a bright prospect of an

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easy decline, because the cessation is the kind monitor that comes, bidding her to lay aside the fears and pains of child-birth, to be released from the wearisome toil of the nursery, and in the full bloom of ripened age, crowned by experience, and wisdom, to scatter about her, in the domestic circle, and amid her little community of friends, the fruits of her past labors in the field of life. It will be shown hereafter, why woman should learn to welcome, rather than fear this change—and why her physician should stand by her at this interesting crisis, not to alarm, but to encourage and support her.

The term of thirty or thirty-five years, that is embraced between these two periods in the life of woman, may be considered as the time of her maturity, when the organs of the body, upon which these changes depend, should be in the free exercise of their respective functions; all the processes of generation, birth, lactation, &c., that are peculiar to this stage of life, it is not, however, now my purpose to consider; ample scope being afforded for remark, upon the peculiarities that are developed at the appearance and cessation of the menses; and as these are seasons in woman's history, that are anticipated by such conflicting emotions, it becomes the physician to study well the course and results of their development, both as to the moral and physical changes that are coincident with them; it is also proper for females themselves to understand their position, and to have their minds relieved of needless anxiety and fear at these times. We will offer the suggestion as a starting point, that these changes, although called critical, are natural, and are not to be interfered with, unless some abnormal symptoms accompany them.

(TO BE CONTINUED.)

Comparative advantages of Vienna and Paris, as places for Medical Study, with some remarks on the Operation of extraction for the removal of Cataract.

BY GEORGE H. DOANE, A. M., M. D.

ONE of the most striking things to a medical student from this country, visiting the Hospitals, and Schools in Europe, is the attention paid both theoretically and practically, to the diseases and surgery of the eye. A large wing of the General Hospital of Vienna, is devoted to that department, and a Professor lectures five or six times a week during the sessions, which generally last nine or ten months. At Berlin, and at Paris, portions of the Hospitals are devoted to ophthalmic patients, and

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extensive private cliniques attract large crowds, both of those who wish to have cured, and of those who wish to learn how to cure, those diseases. Nothing can be conceived more admirable than the arrangements at Vienna for instruction, in this, and other branches of medical, and surgical knowledge. Having for a short time experienced them, I regard it almost as a duty to call to them the attention of those who have in view a visit to Europe, after the completion of their studies here. There were only five Americans in Vienna last winter, while Paris could boast of of between three and four hundred.* These latter crowded every private lecture-room, and clinique in the "Quartier Latin" to their own discomfort, and that of the teachers; while in Vienna the same, and in many cases, greater facilities exist, unknown and unimproved. The latter city has but one hospital for general practice, but it is the largest hospital in the world. Its bed accommodation is four thousand five hundred. The building is square, intersected by various quadrangles, each devoted to one, or more, speciality of disease. There is one place where the post-mortem examinations are made, and here the student of pathology may assist at the daily autopsy of from fifteen to twenty, and sometimes, thirty bodies in the course of a morning, under the supervision of the Father of Pathology, Rokitansky. After listening to the lucid diagnosis of Skoda and Oppolzer, it gives the student confidence in the science of medicine, to see them verified by the scalpel of that great man. The Hospital is in fact a little world in itself. The students live around the professors, inside the walls of the building. Besides the distinguished names I have mentioned, there are Hebra for diseases of the skin, Siegmann for syphilis; Heller for chemical pathology; Hyrtl for topical anatomy; Jaeger, Rosas, and Meyr for diseases and surgery of the eye. These latter bring me back to the concluding part of my theme.

It is well known that the first attempts at remedying the disturbances of the organ of sight at all in a scientific manner, originated at Vienna. Before Barth turned his attention to the subject, to be blind, from causes which the merest tyro can now remove, was to be hopelessly so. The grossest ignorance prevailed in the highest quarters on this subject. According to Boerhaave, who certainly was a shining light, "mercurius sæpe perfectas cataractas solvit." The absurdity of this statement is so apparent as to make us wonder how it could ever have been made. It was in 1778 that Barth first commenced his course of clinical teaching. A

* In the class which attended the Spring Course of Lectures on Physiology by Bernard, and which was quite a numerous one, there were only two who were not Americans.

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student of his, Schmidt, followed, and after him came one* of whom the University of Vienna is justly proud, as having been the great founder of the principles and practice of ophthalmic medicine, as we have them further illustrated and improved by Jaeger, his son-in-law, Graefe, Jüngken, Sichel, Desmarres, Mackenzie, Lawrence, &c., at the present day. The museum still contains one of his drawings, which show that it was no want of ability to design, and color, that led him to abandon painting, his first profession. It is wonderful to see how much that he did has been left untouched. The pathology he discovered, the treatment he proposed, the instruments he invented, the operations he suggested, remain in many cases as he left them. I have neither time nor space to descant upon all the modes, and methods, of combatting disease which he advocated. In the selection I have made, I have chosen the one of all which was his favorite. The operation of extraction for the removal of cataract, I think, recommends itself at first sight to our approval. Once done, and well done, it is radical. The old Celsian operation of couching, which it was intended to supplant, can have no such testimony borne in its favor. Who has not seen the surgeon take his seat, make a small puncture, and after two or the three attempts cause the lens to disappear. The patient announces his restoration to vision, and both he and the spectators, think, and report, it, a successful case. But there is a sequel to the story, which does not always reach the ears of those who were satisfied with the result. The opaque lens no longer interferes directly with vision, but it is acting slowly, and surely, as a foreign body. No one questions now-a-days that it is sometimes absorbed, but that is always a matter of time, and before it has been effected an irritation by its presence has been established in the ciliary processes, the retina, and sometimes even in the hyaloid membrane, which results in a total, and irremediable, loss of sight. How much better the certain, once for all, cure by extraction. Its difficulty should not be quoted against it. There are always some who can do it, and in so important a question no one has a right, in order that he may be the operator, to select an operation more easy to perform, but much more uncertain in its result. Statistics are difficult to obtain in this operation; but wherever they have been, a most decisive verdict has been given in favor of the radical method. Professor Meyr told me that at Vienna the operation of couching was not done in one case out of twenty. He himself, though not connected with the University more than five years, has done it five hundred times. Desmarres, and Sichel in Paris make use of it whenever they

* Von Baer.

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possibly can; but so far as my observation in this country has gone, extraction is the exception, depression, the rule. Among the many classifications of cataract that have been made, there is one general one, of hard and soft. The testimony of these oculists, so far as their practice goes to show it, is in favor of extraction for the first when possible, and of absorption by puncture through the cornea for the second, and for this I think they have sound reasoning, and successful experience, on their side. The number of young Americans whom I saw at the great ophthalmic cliniques of Paris, leads me to hope that we may imitate, before long, this good example, and instead of merely palliating, relieve all patients of that description who present themselves for operation.

BURLINGTON, *November 17th*, 1853.

Observations on the medical virtues of some of the most prominent Indigenous Vegetables grown in Vermont.

NUMBER I.

BY ARIEL HUNTON, M. D.

In describing the medical virtues of our indigenous vegetables, I include those exotics now naturalized, and most of them growing spontaneously in this vicinity. My object in writing these papers is to record the experience and observation of more than forty years of active professional life, and thereby add to the sum of professional knowledge. I shall not give a labored botanical description of plants, to show myself learned, but shall use plain language in my descriptions, and be very concise, merely giving the botanical name, and the common, or vulgar name, in a manner to be understood by readers. Many of the medical *facts* I shall relate, may by some be thought futile; but all facts in medical science are worth knowing, worth recording, and of use to the thinking and careful practitioner. If every member of the profession, would record facts known and discovered by himself, it would be much appreciated, and could not fail to advance the cause of medical science.

Carminatives, *from Carmen—a Charm.* Anciently there were individuals called *Charmers*, whose occupation was to relieve persons of painful affections, by friction over the pained part, rehearsing words of incantation, and using some ugly looking article as a talisman, or amulet, (such, for instance, as a lobster's claw). These were especially resorted to in painful spasmodic affections, as in colic, &c.

The application of the above class of remedies to those complaints, and

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the fact that they often gave relief, gave origin to the proverb, "they operate like a charm."

Heracleum Lanatum is the common *Cow Parsnip:* the usual name with us is *Masterwort.* It is a large umbelliferous plant, growing abundantly on our rich alluvial bottoms, to the height of four to six feet, the seeds resembling those of the common parsnip, and the umbels being as large as a tea-saucer.

Masterwort is a safe and efficient carminative, stomachic and stimulant. In flatulent eructations, which is a species of dyspepsia, and debility of the digestive organs, some of the vegetable bitters with the seeds of the *Masterwort* is an admirable prescription; it removes the distress speedily. The seeds are much in use in domestic practice for flatulence in the young and aged. They are perfectly harmless, and constitute the portion of the plant usually prescribed by myself. It is said by some, that the root is poisonous. I have repeatedly ordered the green root, with other articles for an alterative syrup, and never knew any ill effects from its use. It has been recommended in epilepsy, but its carminative effect, I think is its only virtue, in that complaint.

Masterwort delights in a rich alluvial soil, but may be cultivated on almost any soil. I have it, as well as Angelica, growing about my buildings, and in September cut the umbels and preserve the seeds.

Menthæ. All our *mints* are used in domestic practice as carminatives, *catmints,* more especially for infants. Essence of peppermint I aim always to have on hand; it is a warming diffusible stimulant, and carminative.

Veraspermum,—*tail reed* or *Sweet Cicily,* is much used as a carminative, and is a frequent ingredient in quack medicines, to give the article an agreeable smell and flavor, and probably to correct the taste of other ingredients.

Archangelica atro-purpurea, or *Great Angelica* is another of our large umbelliferous plants, growing on the intervales, in the same locality with the *Masterwort*; the seeds resemble very closely those of *Masterwort,* their properties are similar, the roots are much used for heavey horses. The stalk of the *Angelica* is purple, and that of the *Masterwort* is a light green, resembling worm-wood, and the leaves dissimilar, they are easily distinguished.

Carum Carui—*Caraway* is much used in domestic practice as a carminative for flatulent infants. This is also an umbelliferous plant.

Panax quinquefolium—*Ginseng,* called Panax because of its many supposed medical virtues, is a carminative, and a pleasant bitter, and in use

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for tonic effect; it is not so plenty as formerly, its great demand a few years since to ship to China, caused a thorough gathering of it.

Calamus Aromaticus—*Sweet flag*, is a warming stimulating carminative, a stomachic, useful in flatulence, diarrhœa, catarrhal cough, and when the system needs warming and stimulating; it will excite the secretions to healthy action.

Ligusticum Levisticum—*Lovage*. This is also an umbelliferous plant, the root and seeds are of equal efficacy, and pleasant to the taste. It is as effectual a carminative for infants, as any within my knowledge.

Paonia officinalis—*Peony*, is another article sometimes used for flatulence.

Achillea millefolium—*Milfoil, Yarrow*, is in use for the above purpose, but more frequently in diarrhœa. The root is a pungent biting, stimulating article; it is very effective in epistaxis, which is occasionally the outlet of human life. Take a handfull of the stems tops or flowers, boil in a quart of milk; let one afflicted with epistaxis drink this, a wine glass at a time, for one day, and his nose will not bleed for a month; then repeat. It is an effectual remedy: I used it in my boyhood.

The following formula is anti-emetic and carminative, useful in colic, griping or diarrhœa; one drop for an infant in some herb tea; I should prefer catmint.

℞ fℨss essence Anise oil,
do " Cinnamon,
do Beef's Gall. } Mix thoroughly in strong alcohol.

I have found this an excellent remedy in many complaints, and always intend to have it on hand.

The above has been hastily written, and not very systematically arranged. If any one is benefitted by one new or useful idea, I am compensated for my labor.

HYDEPARK, *Vermont, Nov. 20th*, 1853.

CORRESPONDENCE.

U. S. Brig Porpoise, Lat. 35°, 22′, 47″ S., Long. 12°, 09′, 03″, E.,
SEPTEMBER 10th, 1853.

MR. EDITOR:—Although removed to a far different portion of the globe from that whence my last communication was dated, I feel unwilling entirely to discontinue our literary intercourse. I had contemplated sending you a slight sketch of the peculiarities of medical practice in our Navy; but, upon perusing a French work, "Chirurgie Navale, par Louis J. Saurel," only issued within the present year, I find myself forestalled

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in the very earliest part of it, inasmuch as the practice is very nearly the same in one service as the other. However, supposing that many of your readers may not have seen the work in question, I submit to you a translation of chapter second of this really valuable work, and leave it to your own judgment to use as you please.

CHIRURGIE NAVALE.—Chapter Second.

Of the Practice of Medicine and Surgery on board Ships of War.

Beyond the ordinary difficulties of the medical profession, the practice of Medicine and Surgery on board ships of war, presents others peculiar to themselves, and which long practice alone will enable one to surmount. Of these difficulties, some are inherent in navigation itself, whilst others are due to the want of many things, which one is accustomed to regard as indispensable.

I will limit myself to presenting as briefly as possible, the principal conditions which make Naval Medicine and Surgery a special Medicine and Surgery.

A ship of war, however large, is always a straitened dwelling; because the number of its crew is calculated according to its size. Ships of the Line, Frigates, and Sloops of War alone have an Infirmary,* which they dignify by the name of Hospital. Nothing analogous exists on board of the little vessels. So that it is impossible to have a sufficient surveillance over the patients, to prevent them from procuring food, and even wine, (or whisky.) On Brigs and other vessels of the smaller classes, one can scarce raise two or three beds for those patients, whose serious condition prevents the use of a hammock. Sailors should have a good constitution to be able to accommodate themselves in their maladies, to the alimentary regimen on board. They embark, it is true, some provisions particularly designed for the sick; but, beside their being in small quantity, they are far from fulfilling the end to which they were destined. They consist, of some cases of soup; of beef and mutton boiled; of milk, chocolate, prunes, etc. The patients ordinarily tire very quickly of these provisions, which, although of good quality, always have a metallic taste derived from the tin boxes which contain them. This taste is sometimes so strong, that certain patients ask eagerly to return to the ordinary nourishment of the crew. It should be added that the preserved meats embarked are in such small quantities, that the physician can only order them to men who are very seriously sick. The motions of the vessel, form a powerful obstacle to the employment of certain diagnostic or

* Styled "Sick Bay," in our service.

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therapeutic means. Thus, in bad weather, when the rolling is great, it is sometimes impossible for the sick to lie in their beds. One is then obliged to fasten them, which is inconvenient. The hammock is then far preferable to a bed, but there are certain cases in which the sick cannot be laid in them: whether because attacked by diseases too serious, or because they have need to keep their limbs in a state of perfect extension; which occurs in certain phlegmasiæ, the fracture of limbs, etc., etc. The cadre (suspended frame), would be most useful, because it unites the advantages of a hammock,—suspension and relative immobility,—to those of the bed, which consists of its offering an even and resisting plane of a size more nearly sufficient. By giving to cadres a little larger dimensions, and suspending them so that they cannot strike against neighboring objects, one would have the mode of lying most advantageous for every species of disease. But this is generally difficult to obtain, there being hardly any on board our ships, for the very sufficient reason that a cadre takes the place of two hammocks, and is much more troublesome.

All physicians who have sailed, know that at sea it is almost impossible to practice auscultation and percussion with advantage. The rolling and heaving makes the doctor lose his equilibrium; the crackling of woodwork and partitions; the noises of the interior of a ship, prevent him from seizing the normal or pathological sounds produced by the circulation or respiration. From that, arises the greatest difficulty in the diagnosis and treatment of diseases of the breast.

The manual operator owes likewise some peculiar difficulties to the undulatory movements of the ship. It is during bad times, that accidents generally occur, which necessitate urgent operations. Often then, the surgeon has much difficulty in preserving a position sufficiently stable to operate with security. Phlebotomy, so simple an operation, is itself sometimes rendered difficult. Often, there is no bed for the patient to lie on. He must then occupy a seat which has no firmness. Then comes a sudden rolling, which upsets the doctor or his patient, or scatters on the deck all the implements prepared for the operation. Another reason, which renders surgery more difficult, is the want of intelligent assistants. On the large ships, the number of surgeons is greater than the exigencies of the service require, whilst on those of an inferior rank, which are the most numerous, the surgeon has often not even an intelligent steward to act as his aid, but is obliged to content himself with a landsman or apprentice boy, always taken from among the least capable and laziest of the crew. So that, to have his prescriptions fulfilled, he is obliged to act steward himself. For sometime Navy Surgeons have

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demanded the creation of a corps of stewards, which should be formed in the Hospitals, and then embarked on Ships of War. Thus far, their requisitions have been in vain. Not only must the medical staff be doctors, and surgeons; they must likewise be apothecaries.* The remedies placed at their disposal, are not very numerous, but suffice for ordinary circumstances. The trouble of preparing remedies, when one is not an apothecary by profession, is the cause why Naval Surgeons do not ordinarily resort to complicated formulas;—and the sick are not the worse for it. Powders and solutions are the forms under which they habitually administer medicines. The sailors have such a repugnance to physic, that the doctor is obliged to make them take it under his own eyes, if he wishes to be sure that his prescriptions are fulfilled. Even on this account, the forms mentioned offer a great advantage.

The part of the doctor should not consist alone in curing diseases. It should also be the end of all his efforts to prevent them. But for that, he should enjoy such a sense of authority, that his advice should be taken into serious consideration. The regulations of the French Navy, seem to have contemplated this, for in the royal ordinance of the 31st October, 1827, Article 618 gives to the Surgeon the right, to "advise the Captain of those means which he may think necessary for the prevention of diseases, or to arrest the progress of those which are manifested." But, unfortunately, the intentions of this part of the regulation are not fulfilled as they should be. Far from deferring to the counsels of their surgeons, some commanders pretend to despise them. The fear of seeing their authority diminished gives to some officers, happily few, the habit of never yielding to advice dictated by a sense of duty.† It is not here the place to dilate on this subject. I will content myself with saying that washings in the interior of the ship too often repeated; exercises under a full sun prolonged for a long time, etc., are continued systematically on board some ships, although the impropriety of such actions has long since been known.

Thus endeth the Chapter. Dr. Saurel highly approves of the plan of flexing the limbs to arrest arterial hemorrhage, originally proposed by Malgaigne, generalized by Bobillier, and mentioned in the NEW JERSEY MEDICAL REPORTER, vol. vi., p. 30. His remarks on it may be found on

* These evils, are in a great measure, rectified in our service, now.

† Of course, in our enlightened service, these evils are unknown. Such ridiculous stupidity or obstinate self-opinionativeness as to believe themselves better judges of Hygiene than medical men, are never met with among our gallant officers. Nor do we ever find them claiming for themselves that credit for the health of a vessel, which is due to the medical officer alone. J. H. S.

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page 59 of the above work. He is very much opposed to the use of Alexandre's mechanical leeches, which he characterizes as inefficient and useless. See note to page 40.

Dr. Saurel asserts that in the South Atlantic, in the neighborhood of the Cape of Good Hope, external affections, as boils, carbuncles, whitlows, and cutaneous eruptions are peculiarly frequent. In this assertion, my own experience enables me fully to concur. I find it decidedly true.

JAMES H. STUART.

AMERICAN MEDICAL ASSOCIATION.

History of the American Medical Association.

NUMBER I.

BY ONE OF ITS MEMBERS.

IT has been said by some one, that *associated action* constitutes the main spring—the controlling *motive* power, of modern society. And whoever surveys, with the eye of intelligence, the present aspect and tendencies of civilization, will readily acknowledge the truth of the remark.

It is by the association of capital that those great enterprises for facilitating commerce and intercourse among states and nations, are being prosecuted with an energy and success, which threatens to break through the strongest barriers of nature, and make neighbors of nations on the opposite sides of our globe. It is by the association of mind with mind, in the Church, the Conference, the Presbytery, the Diocese and the General Convocations, that the moral force of Christendom is stirred up, concentrated, and brought to act with mighty power in disseminating the sublime truths of a glorious religion. So too, by the association of mind with mind, in the rapidly recurring anniversary meetings of the learned, not only is thought made to elicit thought, and the generous ambition of one, made to kindle a kindred impulse in another; but the rich and varied fruits of many intellects are brought to a common store-house, and made the common property of all. For intellectual treasures, unlike those of a material nature, neither become monopolized by concentration, lost by use, nor diminished by diffusion, or communication to others. If it is true, that *associated* action constitutes so prominent an element in the progressive tendencies of modern society as a whole, it is no less so in reference to the several classes of which the whole is composed. And of these individual classes, none hold a more important or influen-

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tial relation to all the rest, than that which is made up of the active practitioners of the healing art. Forced by the very nature of their calling, to become pre-eminently cultivators of the whole field of natural science and philosophy, while they have the freest possible access to the homes and hearts of all classes, they are daily exerting an influence over the physical and intellectual elements of society, second to no class in christendom. Hence whatever, is calculated materially to influence the character of the medical profession, is worthy of one page, at least, in the historical records of our race. Who, that has studied carefully the history of the past, but has found mention of many institutions and movements, which have left an impression on man's social and intellectual progress, and yet their founders, and the motives by which they were actuated, have both alike been lost in the darkness of the past? And yet, a knowledge of these is not only necessary to a full comprehension of historical truth, but it presents in itself the most interesting element of history. Of all the voluntary social organizations in our country, none are at this time in a position to exert a wider, or more permanent influence over the temporal interests of our country, than the *American Medical Association*. This assertion may startle the mind of the professional reader, and call forth a smile of incredulity, nay of contempt, from the non-professional; but let both patiently follow me to the end, and then judge. I am aware that the details upon which I am about to enter, may appear to some unimportant, to others tedious, and to all of the present generation, wanting in novelty and interest; but they will appear far otherwise to those who shall come after us, and live when time shall have thrown his dimming veil over all the doings of our day. The American Medical Association completed its organization, and commenced its actual existence in the city of Philadelphia, during the first week in May, 1847. But a correct knowledge of its origin, and a just appreciation of the motives of those to whom the profession is indebted for its existence, requires a knowledge of the doings of certain individuals and societies during several years previous to the date just mentioned. If the reader will turn to the statistics of Medical Colleges, compiled by Dr. T. R. Beck, of Albany, and published in the Transactions of the New York State Medical Society; or to the little volume entitled, "History of Medical Education," &c., by Dr. N. S. Davis, he will learn, that during the fifteen years intervening between 1830 and 1845, the number of medical colleges in the United States, more than doubled, leading to a most active rivalry, and a competition unrestrained by any mutual intercourse with each other, or social connection with the profession at large. Such

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institutions, having full power to confer degrees, which were very generally recognized as sufficient to entitle the holder to membership in the profession, would be strongly tempted, under the circumstances mentioned, to add to the more important and legitimate inducements, short courses of instruction, and easy terms of graduation. Hence, *sixteen weeks* was very generally adopted as the length of the College term, and in some of the Schools it was reduced to *thirteen*. The marked inadequacy of so short a term, and the evils resulting from a want of concert among the Colleges, early attracted attention in New-England; and led to some unsuccessful attempts to remedy both. In 1835, the Faculty of the Medical College of Georgia, formally proposed the holding of a convention of delegates from all the Medical Colleges of the Union, and advocated the same through the columns of the Southern Medical and Surgical Journal.

The proposition seemed to meet the approbation of those connected with many of the Colleges, but failed of being carried into effect, through the indifference of some of the older, and more influential Schools in the Atlantic cities. The first movement, of which we have any record, which contemplated a convention of delegates, not only from all the Medical Colleges, but also from the regularly organized Medical Societies throughout the whole country, was made in the Medical Society of the State of New York, at its annual session in February, 1839. During the same session the subject of medical education had been a prominent topic of discussion, and a resolution, declaring that the business of *teaching* should be separated as far as possible from the privilege of granting diplomas, had been adopted by a large majority. It was in view of this discussion that Dr. John McCall, of Utica, offered the following preamble and resolution—viz:

"WHEREAS, a National Medical Convention would advance, in the apprehension of this Society, the cause of the medical profession throughout our land, in thus affording an interchange of views and sentiments on the most interesting of all subjects—that involving men's health, and the means of securing, or recovering the same: therefore,

Resolved, That in our opinion, such convention is deemed advisable and important; and we would hence recommend that it be held in the year 1840, on the first Tuesday in May of that year, in the city of Philadelphia, —and that it consist of three delegates from each State Medical Society, and one from each regularly constituted medical school in the United States, and that the president and secretary of this Society be, and they are hereby instructed, and required to transmit as soon as may be, a circular to that effect to each State Medical Society and Medical School in said United States."

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This proposition was adopted, and all the necessary steps taken by the Society of the State of New York, for carrying it into effect. But neither the Societies, nor the Schools of other States, not even those of Philadelphia, where the proposed convention was to be held, responded to the invitation, and consequently no meeting took place.

The subject of medical education, however, continued to be a prominent topic of discussion in many of the medical societies throughout the Union; and especially the evils supposed to result from the union of the power to *teach*, and to confer degrees, or licenses to practice, in the same hands. And at the annual meeting of the New York State Society, in 1844, attention was again strongly directed to the whole subject of medical education, and the necessity of a higher standard of qualifications, both preliminary and medical, by two series of resolutions. The one was offered by Dr. Alexander Thompson, of Cayuga Co., and the other by Dr. N. S. Davis, then a new delegate from Broome Co., N. Y.

These resolutions declared a *four* months college term *too* short for an adequate course of lectures, on all the branches of medical science, and the standard of education, both preliminary and medical, required by the schools previous to the granting of their diplomas, altogether too low; while the union of the teaching and licensing power in the College Faculties, was represented as impolitic, and constantly liable to abuse. These resolutions elicited some discussion, and were referred to the standing corresponding committee, of which Dr. Davis was made Chairman. Through his agency, the subjects embraced in the resolutions, were urged upon the attention of most of the County Societies in that State, and in many of them, elicited action acknowledging their importance, and sanctioning the principles they embraced. This gave the subject a more general interest, and at the next annual meeting of the State Society, held in February, 1845, two reports were presented by the Corresponding Committee; one from the Chairman, embodying the action of the County Societies, and recommending the principles involved in the original resolutions; the other, from Dr. M. H. Cash, of Orange County, taking a different view of the subject. These reports led to a protracted discussion of the whole subject of medical education; more especially in reference to the standard of attainments that should be required, before admission into the ranks of the profession. On the one hand it was claimed that the standard of attainments, both preliminary and medical, exacted by the several Medical Colleges, was too low, or too limited, to be consistent with either the honor of the profession, or the well-being of the community; and farther, that the union of the power to teach and grant

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diplomas in the several college faculties, co-operated with the active rivalry among the schools, to depress the standard still lower. On the other hand, while some of these allegations were promptly admitted to be true, it was claimed that the standard of qualifications exacted by the Colleges of New York State was as high as that required by the Colleges in any of the surrounding States; and consequently, the adoption of measures calculated to compel the Schools of one State to adopt a higher standard, would have no other effect than to induce the students to abandon such Schools for those of other States, where less extensive attainments were required. The latter view was more especially urged by the friends of such Colleges as were represented in the society; while the advocates of a more liberal professional education, claimed that such position precluded all progress. For the institutions of each state would claim that *their* standard of qualifications, required before conferring the degree of M. D., was as high as that exacted by the Schools of other States, and consequently no one would venture to advance a step beyond its rivals.

It was at the close of this debate, when the whole subject was about to be postponed until the next annual meeting of the Society, that Dr. Alden March, of Albany, privately suggested to Dr. Davis, who had taken an active part in the discussion, that the objection might be obviated by calling a convention of delegates from all the Colleges, and thereby inducing the institutions of the several States to act in concert. The last named gentleman, not knowing that any previous attempts to assemble a National Medical Convention, had been made, immediately rose, and submitted the following preamble and resolutions—viz:

"WHEREAS, it is believed that a National Convention would be conducive to the elevation of the standard of medical education in the United States; and whereas, there is no mode of accomplishing so desirable an object, without concert of action on the part of the medical colleges, societies, and institutions of all the states, therefore,

"*Resolved*, That the New York State Medical Society earnestly recommend a National Convention of delegates from medical societies, and colleges in the whole Union, to convene in the city of New York, on the first Tuesday in May, in the year 1846, for the purpose of adopting some concerted action on the subject set forth in the foregoing preamble.

"*Resolved*, That a committee of three be appointed to carry the foregoing resolution into effect."

This proposition led to a brief conversational discussion, in which some of the older members of the society related the former unsuccessful attempts to assemble a National Convention of medical men, which elicited a very general expression that the project was impracticable, if not posi-

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tively utopian. The resolutions, however, being strongly urged by the mover,—who contended that if the object to be accomplished was one of acknowledged importance, its friends should persevere, although a dozen failures should be encountered before their efforts met with entire success,—were adopted, and Drs. N. S. Davis, of Binghamton, Broome Co.; James McNaughton, of Albany, and Peter Van Buren, the Secretary of the State Society, were named as the committee to carry them into effect. The chairman of this committee soon after his return to Binghamton, issued a circular containing the preamble and resolutions quoted above, and sent a copy to each of the Colleges and Societies known to exist throughout the United States; and to many prominent members of the profession in sections of the country where no social organizations had been formed. The correspondence thus begun was actively continued throughout the whole year. An examination of this correspondence shows that the proposition to hold a National Convention met with a favorable response from societies, colleges, and individuals, throughout the whole Union, except those colleges located in Philadelphia and Boston. To the circulars and letters addressed to the Medical College in Boston, and the two oldest Colleges in Philadelphia, answers were returned, respectfully declining to take any part in the proposed convention. The then recently organized Pennsylvania College, located in the latter city, returned a more favorable answer, with a promise that delegates from that school should be appointed to attend the Convention. The extent to which the correspondence had been carried, and the degree of favor with which the proposition for a Convention had been entertained by the profession, may be inferred from the following extract from the report of the chairman of the special committee, made to the annual meeting of the New York State Society, in February, 1846, viz:

"Replies to these circulars and letters have been received from the following officers of medical societies and colleges, and private members of the profession, viz: Drs. W. W. Morris, of Dover, Delaware; A. H. Buchanan, of Tennessee; W. P. Johnston, of Washington City; T. T. Hewson, R. M. Huston, and W. E. Thorne, of Philadelphia; Luther Ticknor, of Connecticut; W. H. McKee, of North Carolina; E. H. Peaslee, of N. Hampshire; Paul F. Eve, of Georgia; J. H. Thompson, of N. Jersey; J. W. Davis, of Indiana; A. Twitchell, of New Hampshire; John W. Draper, A. H Stevens, Willard Parker, and C. A. Lee, of New York; D. Drake, of Ohio; Lawson, of Kentucky; and Carpenter, of Louisiana. And delegates have been freely pledged from Medical Societies and Colleges, in Maine, New Hampshire, Connecticut, New Jersey, Delaware,

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District of Columbia, South Carolina, Georgia, Mississippi, Louisiana, Tennessee, Kentucky, Ohio, Indiana, and New York. Nearly every Medical Journal, throughout the whole Union, has not only favorably noticed, but warmly commended the holding of such a Convention. * * * * * * * It will thus be seen that, in far the larger part of our Union, the invitation of this society has met with a prompt and hearty response from the profession; and it is with much regret that we find even a few institutions declining to take any part in so important a movement. But when we consider the wide extent of our territory, and the great number of our institutions, all engaged, we should hope, in a generous rivalry with each other, the expression in favor of a Convention is certainly more unanimous, and more promising of good, than could have been anticipated. Indeed, the leading and influential members of the profession have long felt the necessity of some national action; some central point of influence, around which the active and choice spirits of the whole profession can rally, and from which may be made to radiate an elevating, healthful, and nationalizing influence over the whole country."

In accordance with the recommendations of this report, the State Society, appointed sixteen delegates to attend the proposed Convention, and accepted the invitation of the Faculty of the New York University, to hold the Convention in their College edifice; commencing at 10 o'clock A. M., on the first Tuesday in May following.

Besides the editorial notices, commending in general terms the proposition to hold a National Convention, which appeared in nearly all the Medical Journals of the country, during the year 1845, and which aided very much in rendering the movement successful, the New York Journal of Medicine and the Collateral Sciences, published several communications from the author of the proposition, Dr. N. S. Davis, and also one from Dr. L. Ticknor, then President of the Medical Society of the State of Connecticut. These may be found in the numbers of the Journal for November 1845, and January and March 1846. The communication of Dr. Ticknor, contains the first distinct proposition to perpetuate the action and influence of the contemplated National Convention, by organizing out of it a permanent "National Medical Society." He says: "Considering our extent of territory, and the number of states into which the Union is divided, it is by no means strange that the medical schools in the several states should gradually yield to other motives, than a desire to promote the best interests of society, by a thoroughly educated, and properly disciplined medical faculty. It is fairly enough implied, if not

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perfectly obvious, that there exists no small degree of rivalship among our medical institutions, and leading medical men; not, I fear, who shall furnish the most valuable and best wrought article, but who shall furnish the greatest quantity. *To furnish some antagonism to this tendency of our profession, which is from year to year gaining strength, influence and popularity, the writer knows of no one effort the profession can make, that promises so much, as to organize a National Medical Society, to meet annually, biennially, or triennially, having, if you please, a Vice-President, and committee of correspondence in each state, &c.*"

The communications of Dr. Davis, contain a more extended consideration of the whole subject of medical education. Its then existing condition, throughout the country, is clearly set forth, and its defects severely criticised by the writer, while he earnestly recommends such action as is calculated to accomplish the following definite objects, viz:

"First—The standard of preliminary or preparatory *education* should be greatly elevated, or rather, a *standard* should be fixed, for there is none now either in theory, or in practice.

"Second—We should elevate the business of *private teaching* to that position which its intrinsic importance demands.

"Third—A more uniform standard of qualifications should be required of the candidates for medical honors.

"Fourth—We should devise some mode to stimulate the ambition, and arouse the energies of the profession to a higher state of intellectual activity, and scientific inquiry."

The importance of these propositions he illustrates at considerable length, and prominent among the means he urges for their practical accomplishment, is the organization of "*a permanent National Medical Society, by whose annual discussions, an exciting, vivifying, and healthful influence shall be exerted, over the length and breadth of the country, until a correct and noble sentiment is engendered in the bosom of every member of the profession.*"*

In the same number of the New York Journal from which I have just quoted, the editor, Dr. C. A. Lee, in earnestly appealing to the profession to make the proposed Convention truly national, by the attendance of delegates from every section of the country, makes the following allusion to a more permanent organization, viz: "But there are various other subjects, which would naturally come before such a Convention, of scarcely less interest and importance, and we should hope, as already intimated, that a *permanent National Society* would grow out of it, which

* See New York Journal of Medicine, &c., March 1846, page 290.

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would, like the "British Association," meet annually, and at which, essays and reports on different branches of medicine would be read, and discussions held." In alluding to the call for the National Convention, the editor of the Buffalo Medical and Surgical Journal, in the number for October 1845, says: "None can doubt the propriety, nay, the urgent necessity for the adoption of some means to elevate the standard of medical education, and advance the dignity and usefulness of the profession. * * * We fervently hope that this movement will meet with general concurrence and cordial co-operation."

The editors of the New Orleans Medical and Surgical Journal, and indeed of almost all the other Journals, were equally explicit in commending the general object. Thus far, though the Faculties connected with the Colleges in Philadelphia and Boston, had declined to co-operate in the general movement, no open opposition had been manifested from any quarter.

BIOGRAPHY.

Biographical Notice of Jonathan Knight, M. D.

(SEE PLATE.)

We present to our readers the following brief history of Dr. Knight's professional career, and though brief, it is sufficient to mark the way of his life with distinguished usefulness. The urbanity of his deportment, and the remarkable judgment with which he has directed the councils of the American Medical Association, when acting as its president, have made him one of its most useful, and popular members.

He was born in Norwalk, Conn., Sept. 4, 1789. His father, Dr. Jonathan Knight, after serving as surgeon's mate in the army of the Revolution, settled, and practised in that place for nearly fifty years: his mother was the daughter of Dr. Asahel Fitch, of Reading, Conn. He prepared for college under the tuition of Rev. Matthias Burnett, of Norwalk. Entered Yale College during the last term of Sophomore year, May, 1806; graduated Sept. 1808. At the commencement, gave the Latin Salutatory Address—taught school in Norwich and New London, for two years after graduation. From Sept. 1810, was tutor in Yale College for one year: attended Lectures in the University of Pennsylvania in 1811–12, and 1812–13—two courses. Was licensed to practice by the Connecticut Medical Society, Aug. 1811. Received the honorary degree of M. D. from Yale College, Sept. 1818. Commenced practice in New Haven, April, 1813. Was appointed Prof. of Anatomy and Physiology in the Me-

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dical Institution of Yale College the same year—gave the first course of lectures during the winter of 1813–14, and continued them for 25 years. In 1838, was transferred to the department of Surgery, and in this, continues. For about 20 years has also given a short course of lectures to the senior class of under graduates.

President of the Convention to form the American Medical Association which met in New York, May, 1846, and of the same in Philadelphia, May, 1847, until the organization of the society. President of the American Medical Association, May, 1853.

PROCEEDINGS OF MEDICAL SOCIETIES.

Cumberland Co. Medical Society.—Society met at Bridgeton, October 25, 1853.

The minutes of last meeting were read and accepted, and the Treasurer's report adopted.

Drs. B. R. Bateman and C. Butcher, Delegates to the American Medical Association, made a detailed report of the proceedings of that body, for which the thanks of the Society were returned, and the report ordered to be be placed with the Records.

Dr. Tomlinson read an Essay on Phlegmasia Dolens, and illustrated the subject by interesting cases occurring in his own practice. The thanks of the Society were returned to Dr. T., and the paper ordered to be placed on file.

The Committee on the History of Medicine and Medical Men, in this county, reported some progress. It was resolved, that the committee report more fully at the next meeting.

In accordance with a resolution of last meeting, twelve physicians sent in the dates of their Diplomas and State Licenses.

Upon calling the roll, for a report upon epidemics, it was ascertained that less sickness than usual had occurred in the county during the summer. In two localities, Fairton and Deerfield, it was remarked, dysentery prevailed as an epidemic.

Dr. Bowen introduced the subject of water, conveyed through lead pipes, the dangers of the use of which produced an animated debate by a number of members.

The delegates to the New Jersey Medical Society for 1854, are Drs. Tomlinson, Elmer, Ephraim Bateman, and Newkirk.

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Resolved, That a committee of *three* be appointed to make a report on the relation of medical men to quacks and quackery. The President appointed on that committee, Drs. Newkirk, B. R. Bateman, and Elmer, to report at the next meeting.

Dr. Parker was announced as the next in order to deliver the address before the Society.

Present at this meeting, Drs. Bowen, Ludlam, Tomlinson, C. Butcher, E. E. Bateman, Sheppard, B. R. Bateman, Elmer, Ephraim Bateman, Newkirk, Parker, Potter.

J. BARRON POTTER, Sec.

Hudson County Medical Society.—The regular meeting of this Society was held at the American Hotel, Jersey City, on the 26th Oct. 1853.

The President being absent, Dr. Charles Cook, Vice-President, took the chair.

The members present were Drs. Cook, Varick, Vondy, Dummer, and Thomson. Dr. Alcott, the President, afterwards arrived.

The minutes of the last meeting were read and adopted.

Election of officers being in order—

Dr. Charles Cook was elected President,
Dr. Theodore R. Varick " Vice-President,
Dr. Joseph H. Vondy " Secretary,
Dr. John Thomson " Treasurer.

The following gentlemen were then elected censors—Drs. J. M. Cornelison, Charles Cook, J. H. Vondy, and John Thomson; and Drs. Cornelison and Varick were appointed delegates to the meeting of the State Medical Society.

On motion, Dr. Thomson was elected Reporter until the next semi-annual meeting.

On motion, Drs. Varick and Thomson were appointed Essayists, each to deliver an essay on some subject connected with the science of medicine, at the next semi-annual meeting of the society.

After hearing the histories of some interesting surgical cases, from different members, it was, on motion, *Resolved*, That the next semi-annual meeting should be held at Hoboken.

On motion, *Resolved*, That the proceedings of this, and ensuing meetings be published in the NEW JERSEY MEDICAL REPORTER. The society then adjourned.

JOHN THOMSON, Sec.

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BIBLIOGRAPHICAL NOTICES.

A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN. By D. FRANCIS CONDIE, M. D., Secretary of the College of Physicians; member of the American Medical Association; member of the American Philosophical Society, &c. Fourth Edition, revised and augmented. Philadelphia, Blanchard and Lea, 1853.

THE popularity of Condie on the diseases of children, has passed the work through three editions, and it now appears for the fourth time, revised and enlarged. The revision consists in a careful comparison of the contents of the previous edition, with the more recently recorded observations of writers, both at home and abroad; and the enlargement by the addition of such important facts, as have come to the knowledge of the author, either within the limits of his own observation and experience, or as they have been presented by others. In a few instances, pathological and therapeutical views are submitted, that are discordant with his own opinions, and in such instances, the authority from which they emanate is given, so that the credit, or responsibility, may rest with their respective authors. The general arrangement of the work, is no doubt already familiar to most of our readers, as it is counted among the standard authothorities of the present day. It contains 732 pages, and is presented in the substantial style, usual with the enterprising publishers.

A TREATISE ON VENEREAL DISEASE. By JOHN HUNTER, F. R. S, with copious additions by Philip Ricord, Surgeon of the Hospital Du Midi, Paris, etc. Edited, with notes, by Freeman J. Bumstead, M. D., Physician to the North Western Dispensary, New York. Philadelphia, Blanchard & Lea, 1853. pp. 520.

OUR experience in diseases of the class treated of in the book before us, is so extremely limited, that we can do no more than acknowledge its high authority, and pass it as good. We often meet with books, which contradict our own experience in some matters, but we have fortunately no complaint to make of Ricord's Treatise on these grounds. Hunter bestowed much labor in the preparation of his writings on venereal diseases, and Ricord's teachings and experience seem to be decidedly Hunterian, while the American Editor displays considerable research and tact, in his notes, that are more numerous, than is sometimes the case in

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home editions of foreign works. What is needed as the foundation for treatment in the multiform phases of venereal complaints, is an accurate discrimination, by which the generalisms may be disentangled, and each variety of the malady presented in a distinct form. From a glance at the table of contents, we should suppose that no effort within reach of the present knowledge had been spared, to accomplish this object. Suffice it to say, that the reputation of those who have been engaged in the *construction* and *completion* of this volume, should insure for it that success, which should always be awarded to patient industry and talent.

THE MEDICAL FORMULARY, *being a collection of prescriptions, derived from the writings and practice of many of the most eminent physicians in America and Europe: together with the usual dietetic preparations, and antidotes for poisons, to which is added an appendix on the endermic use of medicines, and on the use of Ether and Chloroform; the whole accompanied with a few brief pharmaceutical and medical observations, by* BENJAMIN ELLIS, M. D., *late Prof. of Mat. Med. and Pharmacy in the Philadelphia College of Pharmacy.* Fourth edition, revised, and much extended, by ROBERT P. THOMAS, M. D., Prof. of Mat. Medica in the Philadelphia College of Pharmacy. Blanchard & Lea, 1854.

THE present edition of Ellis's Formulary is certainly an improvement on some of its predecessors, yet it falls short, in our humble judgment, in some respects, of what it should be; especially as it has been revised by a new, and aspiring professor. We do not use this expression in any invidious sense, but we are compelled to adopt the opinion that the "tabular view of the doses of the principal articles of the Materia Medica," is not much improvement to the work; and we will illustrate this remark by reference to two articles alone; first, calomel,—the dose is represented from gr. ¼ to x., while every practitioner is in the habit of administering this remedy in doses much smaller, and larger than the two quantities named. Nobody would give ¼ of a gr. as a cathartic, and even 10 grs. will not always answer, and as an alterative much less is often given than ¼ of a grain. Would it not have been more consistent with improved science to have said,—dose of calomel as an alterative from 1-20th to ¼ or ½ grain; as a cathartic from 5 grs. to ℈j. This, at any rate, would have coincided with the *practice* of the times. Sulphate of quinia affords another example. The dose is set down from 1 gr. to 10 grains. As a tonic, 1 grain is often used; as an anti-periodic, 10 grs. is almost a minimum dose; twice that quantity is frequently admissible. Indeed many of our obstinate intermittents in malarious districts are intractable

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with less than a scruple dose of quinia. Here is the fault. The same medicine, though classified under different heads, in the body of the work, is not so arranged in the table. The alphabetical order does not harmonize with the system of classification. We are led to make these friendly strictures, not to detract from the value of the work as a whole, but to point out what, in all honesty, we hold to be an error. A tabular view of doses, should be a *divided* view, if we may so speak. Doses of the same medicine vary greatly in their effects, according to their proportions, and very strikingly so in the articles specified, so that students and young practitioners may be led to confine themselves to inefficient doses, if no more special instructions are furnished than in this table. We hope it will be more perfect in the next edition.

Code of Ethics of the American Medical Association.—We would call the attention of our readers, and particularly of *medical societies*, to this code, recently published by the Messrs. Collins of Philadelphia, for the purpose of popular distribution. The cost is only five dollars for 100 copies. This excellent code should be extensively distributed in every community. Orders may be sent to us, or directly to the publishers, T. K. & P. G. Collins, Philadelphia.

Penurious Publishers.—The following, which we extract from the *Stethoscope*, expresses our mind exactly with regard to the subject it treats of. Dr. Gooch might have added to the list, those publishers of medical journals, who send out their publications with the leaves untrimmed, thus imposing on the time and patience of editors, besides being of no advantage whatever to themselves.

"Penurious Publishers, evidently suffering under acute myopy, have sent us detached portions of publications, odd numbers of serials, single volumes, and second cast plates, doubtless for the purpose of having the works cheaply advertised. We beg to be excused from the trouble even of prescribing for this class of beings, who neither know their own interest, nor are liberal enough to invest a cent to make a dime. We refer them to the *newspapers* and starting journals. An old and rich publisher once told us that he made a fortune by the folly and stinginess of his competitors."

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EDITORIAL.

OUR SEVENTH VOLUME.

WITH this number, we commence our Seventh Volume, and we enter upon it with more hope of permanent success, than when we first took our trembling pen to present ourself as an Editor, before the medical public. Then, we doubted our success, because we knew our own feebleness, and saw the strength that was on every hand, around us; but now, we are confident that our journal, though humble and unpretending, finds favor with some of the best heads and hearts of the profession, and has worked itself to a point of acknowledged credit among many, who once distrusted it as an attempt suggested by hazardous boldness. We took our initiatory steps in the chaotic mists of inexperience; but after six years of friction with the world, we are more ready as a journalist to contend with jostling interests, and with confidence expect to maintain an independent, and perhaps a useful position. Our readers know already the character, and intentions of the work; but to those who intend to become readers, we would frankly say, that our aim is to do all the good we can for the profession and our common kind. We have steadily held on to the profession of medicine, as it is acknowledged by the New Jersey Medical Society—and while we have desired to be constantly influenced by the injunction—"Remove not the ancient landmarks which thy Fathers have set," we have labored to gather about these honored standards, all the results of improved science, and embellish them with the rich adornments, that are constantly being contributed from the various resources of medical lore. It shall be our aim in the future, to do likewise.

One word about the appearance of the Journal on its seventh birthday. It has grown a little—the reader will obtain more reading. It is better dressed, with a new style of cover, and a more substantial paper. Premiums are offered by the publisher too, for the largest, and next the largest number of subscribers sent in by the first of July. The premiums are good, and desirable. Ought there not to be a corresponding increase in the subscription list? Will not our friends aid us in this matter? To our delinquent subscribers we would only suggest that they will be visited by a circular from the publisher—we inform them, that they may be ready.

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"SCHEIDAM SCHNAPPS."

THERE is an article going the rounds now-a-days, named as above, that is attracting a good deal of notice; and lest we should be considered "out of time," if we did not call attention to it, we offer our friends the following suggestions. It seems to be a remarkable discovery that one Wolfe has made, in these times of Maine Law effort, and progress, even a pleasant alcoholic liquor, that may be used as a beverage without injury, and as a medicine, with wonderful success. It is said not to "fire the brain," or "fur the tongue," but being "satisfying" and "healthful," preserves the consumer from "that fierce desire for stimulants, begotten and perpetuated by the use of adulterated spirits." And it is not only offered as a "specific" in many painful diseases," but it is said of it, that "*whenever and wherever it is requisite to administer spirituous liquors for any purpose, this is the liquor that should be administered.*" Wonderful discovery!—Immortal discoverer! But with this new born empiric, and his notable cure-all, and health preserver, we are not a little surprised to find associated, the names of a number of physicians. Before us is a pamphlet, setting forth the proofs and evidences of the purity and "medical properties" of this *innocent alcoholic beverage, and specific for disease*, and a number of pages are devoted to what are called certificates of physicians approving its use; but upon examining these credentials, we find but few of them, that are really recommendatory. These medical gentlemen have either been supplied with the "Schnapps," or asked by note, or circular, to accept of it, and they have replied as in the following extracts, which are selected for their brevity, though given in full, as they appear in the pamphlet.

"I am aware of the medicinal properties of pure Holland Gin."

"If it answers my expectations, I will be happy to prescribe it for my patients, in dropsical and nephritic cases."

"I would frequently prescribe Gin for my patients, if I knew where I could get that which is fit for medicine."

"That a pure article for medicinal purposes is very much needed, I fully agree with you."

Such is the character of the *recommendations*, as they are called. There is scarcely an instance mentioned, in which it has been used, and its value certified to, and yet these medical gentlemen have allowed themselves unwittingly to be brought before the public, by such a man, who has taken advantage of their civility, in respectfully replying to his applications, as co-workers with himself in the sale of his liquor.

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Physicians cannot be too careful to avoid these designing persons; for often by them, as Tupper has it—"the light of a thoughtful spirit is quenched beneath the bushel of commerce;" and they rejoice when they can ensnare honest, and fair dealing men in the traps, their own cunning has set. And then, if the beguiled, finding themselves cheated, expostulate and resist, like the Ephesian silversmith, who made shrines for the Goddess Diana, they may turn with scornful laugh, and say triumphantly in the midst of their growing possessions,—"Sirs, ye know that by this craft, we have our wealth." And truly, in this, is the mainspring of their conduct. May we not say to our brethren, in the language of the sainted physician, Luke,—"Take heed, and beware of covetuousness." These empirics are covetuousness personified.

EPIDEMIC CHOLERA.

HON. Hamilton Fish, Senator from New York—the same gentleman who, many of our readers may remember, so hospitably entertained the members of the American Medical Association, during its sessions in that city in May last—on the first day of the session of the present Congress, before that body was fully organized, and before the reception of the President's Message, and other public documents, offered the following resolution, which was afterwards adopted:

'*Resolved*, That a select committee of five be appointed to consider the causes, and the extent of the sickness and mortality prevailing on board emigrant ships, on the voyage to this country, and whether any, and what further legislation is needed for the better protection of the health and lives of passengers on board such vessels.

Our readers may remember that in the REPORTER for September 30th, in announcing the prevalence of cholera in its epidemic form, in some parts of Europe, we expressed the fear that it would, ere long, invade our shores, as it seemed to be pursuing much the same course it did in the memorable epidemics of 1832 and 1849. In England the scourge seems to have met with a temporary check, yet it still lingers in the purlieus of Cripplegate and St. Martin's-in-the-Fields, in London, and in other of the faubourgs of that, and other of the maritime cities of Europe. It would be well for us, if it would remain there; but, while such a tide of emigration, which, for the past few months, has been at the flood, is pouring its thousands on our shores, from these very haunts of disease and pestilence, it seems hardly possible for us to escape. Nor are we likely to do so, in view of the terrible mortality on emigrant ships during the month of November, referred to in the resolution of Mr. Fish, quoted at the head of this article. Of the whole number of emigrant vessels

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that arrived at the port of New York alone, twenty-eight had cholera on board. Of 13,762 emigrants who took passage on those twenty-eight ships, no less than 1,141 died of cholera, while from four to five thousand were afflicted with it during the passage. The epidemic generally broke out when the vessels were two or three days out, and ceased when they reached soundings on this side.

We have no evidence other than newspaper accounts, that this plague is the true Asiatic Cholera, but, if it is not, it is at least blazing a pathway, which may the coming year, be a highway for that pestilence to invade our shores. This, it certainly will be, unless the present awful mortality is arrested. That this condition of things on board our emigrant ships is not without local causes, may be gathered from statements in the newspaper press, describing the condition of things on board those vessels. A writer in the *New York Daily Times*, of Dec. 1, gives the following description of the revolting state of affairs on board one ship, from which out of 700 passengers, 90 lives were lost on the passage—

"The place where these miserable 700 were suffering, was so dark that nothing could be seen without a light; the emigrants would not tell of a death, and in some instances, three or four would continue in a berth for two or three days beside a corpse, and the discovery was only made at last, by the nose of the sexton.

The filth in this lower region was nearly knee deep, and to go through it with the screams and groans of the suffering, added to the offensive filth, gave you (as a minister on board remarked), a distinct idea of hell.

The filthiness of these emigrants, and their destitute condition, were described, but their recital would be too gross to repeat. It should however be made the subject of careful investigation, by the proper authorities. Talk of the horrors of a slave ship, when such horrors are at our very doors!"

It is a matter of sincere congratulation that Senator Fish, in bringing this important subject to the attention of Congress, has shown his determination to use his influence in legislating for the *health*, as well as the *pockets* of his constituency, and if there is any truth in the proverb, "Health makes wealth," by promoting the one he will surely advance the other.

We believe that, but few cases of this sea plague, be it cholera or no, have as yet occurred in any of our Atlantic cities, though large numbers have been sent to the Quarantine Hospitals; and it is to be hoped that such preventive measures will be adopted by our Boards of Health, as will effectually close the avenues to its appearance among us.

New Orleans has not been so fortunate; for it appears that that ill-starred city, which is just recovering from the effects of the recent severe epidemic of Yellow fever, is now threatened with the horrors of cholera

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epidemic. We are not, however, without hope that the cool weather of the winter months, aided by the adoption of proper sanitary regulations, may have a tendency to avert the threatened danger. B.

OUR NEXT ANNUAL MEETING.

WE call the attention of the profession of New Jersey to the advertisement on second page of cover, of our next annual meeting. It is to be hoped there will be a good attendance. Every physician in the State, who feels an interest in its prosperity, and who can leave his field of labor for a few hours, ought to avail himself of the privilege of attending our annual meetings.

American Medical Association.—WE would call the special attention of our readers to the series of Historical articles commenced in this number, on the American Medical Association. We can assure them that they will be eminently worthy of attentive perusal, coming as they do from the pen of a distinguished member of that body, who, both by his general literary attainments, and his qualifications as a medical man, with his well known attachment to the best interests of the profession as represented in the Association, is every way capable of writing them.

The Portraits of the Presidents (which will all be of steel), will appear in their proper places, and they shall not interfere with any other illustrations which may be called for in the progress of the work.

Our readers can easily see that this enterprise, which is of national importance, necessarily involves us in a heavy cash outlay. We could not have undertaken it without a degree of encouragement, which two years ago we could scarce have dared hope for, and we feel assured that to those who are interested in the prosperity of the REPORTER, it will serve as an incentive to renewed efforts in endeavoring to extend its circulation. B.

☞ WE hardly know whether we can apologize with the better grace to our readers or exchanges, for the fact that our journal appears month after month, devoid of selected matter. Our table has for months, groaned with *piles* of valuable exchanges having numerous articles marked, for transmission to our columns, and we have echoed back groan for groan from our inmost soul, because we could not find room for even abstracts of them. This attention on the part of correspondents is certainly exceedingly flattering, and we hope will not be abated an iota. Let them furnish us *good matter*, and our word for it, the profession will respond so heartily, that we can *afford to give*, if need be, to do justice to all, one hundred pages a month.

The REPORTER is young and vigorous, and will *grow* just in proportion as it receives suitable nourishment. B.

☞ SEVERAL pages of Editorial matter, comprising Editor's Table, Miscellany, Summary, and Necrological Record, are in type, but must lie over till our next issue.

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THE

NEW JERSEY MEDICAL REPORTER.

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AMERICAN MEDICAL ASSOCIATION.

History of the American Medical Association.

NUMBER II.

BY ONE OF ITS MEMBERS.

LIKE all other great movements, affecting more or less the interests of a large number of persons, the effort to convene a National Convention of the members of the medical profession was not to be crowned with success, without encountering decided and strong opposition. The movement having originated in a State Society, and during a discussion in which some of the practices and privileges of the Medical Colleges were severely criticised, it is not surprising that it excited such a feeling of distrust in the minds of many of those connected with the Colleges, as to deter them from cordially uniting in it. And this distrust was doubtless increased in certain quarters by the strong language, and, perhaps, too sweeping assertions, contained in one of the communications of Dr. N. S. Davis, in the New York Journal of Medicine, already referred to.

The latter were made the pretext for a severe attack on the writer, the State Medical Society of New York, and all concerned in the movement for a National Meeting, by Prof. Martyn Paine, of the Medical department of the New York University, in the form of a valedictory address to the graduating class of that institution, delivered March 11, 1846. This address was styled "A Defence of the Medical Profession of the United States;" and was based on the assumption that the *active* members of the Medical Society of the State of New York generally, and the chairman of their committee, (Dr. Davis) in particular, had been slandering and defaming the profession to which they belonged. An assumption, however, so fully refuted by the whole history and conduct of that society and the individuals concerned, as to require no comments or

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explanation at the present time. As a very large edition of this address was published, and widely circulated throughout the Union, it may not be amiss to quote a paragraph or two, for the purpose of enabling the reader to appreciate its spirit and design. On page 20, Dr. Paine says: "Nor shall I have discharged the office which I had assigned to myself, till I also place on record who they are that malign the great mass of American physicians, who are rendering more service to the cause of humanity than any equal proportion of the same profession, in the most favored states of Europe. It is not the man who has officially promulgated the views of the State Medical Society, nor the journals through which the contumelious representation of the profession is circulated, that should be held responsible, any farther than as they, also, hold an influence over the public mind, and according, also, to the *animus*, and the extent in which that influence may be exerted. We must rather go to the fountain from which it emanates, and with acids and caustics try its purity. We must go to the State Medical Society itself, interrogate the *general character of those* who annually convene at Albany, during the *very opportune* session of the Legislature, inquire *how far*, and *in what ways*, they contribute to the dignity of the profession, and advance the interests of medical science. Nor would I invite an investigation of this nature for the same reasons that I have quoted from Percival's Medical Ethics, *were those members of the State Medical Society who annually convene at Albany, and do the mining operations, more than a bare handful of the outs, and were they not so erroneously supposed to represent the voice of the profession.*" Again, he says: "And now perhaps we shall have no difficulty in understanding why it is so earnestly desired to *extend* the term of instruction in our Medical Colleges, and also as a preliminary requisite to admission into these institutions. *There is an aristocratic feature in this movement, of the worst omen*, however the spirit, by which it is prompted, may belong to the *agrarian policy. It is oppression towards the poor, for the sake of crippling the Medical Colleges.*"

The foregoing are among the least exceptionable paragraphs of this address; and yet they plainly indicate a feeling of bitter opposition, if not contempt, towards those who were laboring to unite the profession of the whole Union in one general convention. The actual influence of this address, exhibiting as it did, a curious mixture of egotism, disgusting flattery of the class to which it was addressed, and bitter opposition to the movement for a National Convention, was very important, though widely different from what was designed by its author. It has

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already been stated that the Medical Department of the University of Pennsylvania, the Jefferson Medical College, and the local societies of Philadelphia, had declined to appoint delegates to the proposed Convention, and the chief apprehension felt by the committee having charge of the subject, was that the absence of any representation from so important a locality, would seriously lessen the influence and success of the movement. But scarcely had the address of Prof. Paine reached the remoter sections of the country, before the chairman of the committee of the New York State Society received a second letter from Prof. Huston of Philadelphia, stating briefly that they had heretofore declined to appoint delegates to the proposed Convention, because, it having been called to meet in the city of New York, and in the College edifice of the New York University, they had thought it calculated to attract undue attention directly towards the Medical Schools of that city. But on reading "*the very singular address of Prof. Paine,*" they were satisfied that whatever might have been the motives of those who called the Convention, it was not designed particularly to benefit the Medical Schools in the city of New York; and hence he would immediately convene the society over which he presided, to take into consideration the propriety of appointing delegates. This was done, and twelve eminent and active members of the profession, in that city, were appointed to attend the meeting in N. York; thereby greatly adding to the success of the movement. We have in these details a most striking illustration of that jealousy and mutual distrust which is engendered by rival interests, unmodified by free and frequent personal intercourse. We find the Faculty of the Medical Department of the New York University violently opposing the movement for a National Convention, and stigmatizing its authors as "*miners*" and "*outs,*" (even after they had consented to have the meeting held in their own College-hall,) because it originated in a State Society whose meetings they had entirely neglected, and of whose influence they were jealous; while other most influential schools were withholding their aid and co-operation, because they *suspected* the whole movement calculated, if not designed, to favor in a special degree that same School in New York. It would be difficult to illustrate more strikingly, that sleepless jealousy which pervaded more or less all our Medical Schools, springing into existence in rapid succession, as they had done; or the necessity of some general organization, by which the representatives of all should be brought into personal contact and intercourse, until mutual distrust should give place to mutual respect and a common object.

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On Tuesday, May 5, 1846, the delegates and members of the profession from different parts of the United States, who designed attending the proposed National Convention, assembled, in accordance with the invitation of the New York State Society, in the Hall of the Medical Department of the New York University. They were called to order by Dr. Edward Delafield of New York, on whose motion Dr. John Bell, of Philadelphia, was appointed chairman, and Dr. William P. Buel, of New York, Secretary, until permanent officers should be duly chosen. A committee was then appointed to receive the credentials of Delegates, consisting of Drs. H. W. Baxley, of Maryland, N. S. Davis, of N. York, and Richard D. Arnold, of Georgia. This committee soon reported the reception of credentials, containing the names of one hundred and nineteen delegates, eighty of whom were present at the opening of the Convention.

The latter number was subsequently increased to near one hundred; representing Societies and Colleges in sixteen different states, viz: New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, Virginia, Georgia, Mississippi, Indiana, Illinois and Tennessee.

A committee of one from each state represented, reported the names of the following gentlemen for permanent officers of the Convention, and they were unanimously elected, viz:

FOR PRESIDENT,

DR. JONATHAN KNIGHT,* of New Haven, Connecticut.

FOR VICE PRESIDENTS,

DR. JOHN BELL, of Philadelphia, Pennsylvania; DR. EDWARD DELAFIELD, of New York City.

FOR SECRETARIES,

DR. RICHARD D. ARNOLD, of Savannah, Georgia; DR. ALFRED STILLE', of Philadelphia, Pennsylvania.

Thus was completed, in the midst of the most perfect harmony and good feeling, the organization of the *first* National Convention of members of the medical profession ever convened in the United States. And when we remember that the number in attendance, was at least respectable; that among them were many of the most eminent in the profession; that they were gathered from all sections of the Union, from the hills of New England, the broad prairies of the West, and the sunny plantations of the South; not, however, for purposes of political preferment or pecuniary gain, but to give each other the warm hand of friendship, and

* For Biography of Dr. Knight, see N. J. Medical Reporter for Jan., 1854, p. 34.

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unite in the adoption of measures for the elevation and advancement of the noblest of temporal pursuits, we are constrained to regard it as one of the most interesting assemblages ever convened since the organization of the benign government under which we live.

As soon, however, as the officers elect had been conducted to their respective places, Dr. Gunning S. Bedford, the colleague of Prof. Martyn Paine, and a delegate from the faculty of the Medical Department of the New York University, arose, and after some general remarks in reference to the benefits of a general Convention of medical men, moved the following preamble and resolution, viz:

"WHEREAS, the call of the State Medical Society of New York, for a National Medical Convention, to be held in the city of New York, on the first Tuesday in May, has failed in a representation from one half of the United States, and from a majority of the Medical Colleges; and *whereas*, the State Medical Society has emphatically stated that there is no mode of accomplishing the object of the Convention, without concert of action on the part of Medical Societies, Colleges, and Institutions of *all* the States, therefore,

Resolved, That this Convention adjourn *sine die*."

This proposition was immediately seconded by Dr. G. S. Pattison, the colleague of Professor Bedford, and delegate from the same Faculty. This proposition, coming at such a time, and directly from the representatives of the School in whose College building the Convention had assembled, took every member by surprise. But after one or two minutes of entire silence, the *question* was very generally called for, and being taken by *yeas* and *nays*, resulted as follows—viz:

Yeas, 2, Drs. Bedford and Pattison. *Nays*, 74.

The result of the vote having been announced, considerable warmth of feeling was manifested by many members, who regarded the motion of Dr. Bedford as a deliberate attempt to break up the Convention, and as little less than an insult to all its members.

Several motions were made, having for their object an immediate withdrawal from the College edifice of the New York University, but after explanations and apologies from both Drs. Bedford and Pattison, the subject was laid on the table. A committee of nine was then appointed "to bring the subject of medical education before the Convention, in the form of distinct propositions, suitable for discussion and action." This committee readily agreed upon the following propositions—viz:

First—That it is expedient for the medical profession of the United States to institute a *National Medical Association*.

Second—That it is desirable that a uniform and elevated standard of

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requirements for the degree of M. D., should be adopted by all the Medical Schools in the United States.

Third—That it is desirable that young men, before being received as students of medicine, should have acquired a suitable preliminary education.

Fourth—That it is expedient that the medical profession in the United States should be governed by the same code of Medical Ethics.

These were reported to the Convention, with the recommendation that a committee of seven be appointed on each subject, whose duty it should be to report at a meeting to be held in the city of Philadelphia, on the first Wednesday in May, 1847. The same committee also recommended the appointment of a committee of seven, "to prepare and issue an address to the different regularly organized Medical Societies, and chartered Medical Schools in the United States, setting forth the objects of the National Medical Association, and inviting them to send delegates to the Convention to be held in Philadelphia, in May, 1847."

These propositions were all adopted by the Convention, and the required committees appointed. Dr. N. S. Davis, who was chairman of the business committee, urged the following resolution as one suitable to be recommended, as an additional subject for the consideration of the Convention. It was opposed by Dr. Hays, and other members of the committee, on the ground that it would be likely to excite discord, and was rejected by the committee.

"*Resolved*, That the union of the business of *teaching* and *licensing* in the same hands is wrong in principle, and liable to great abuse in practice. Instead of conferring the right to *license* on Medical Colleges, and State and County Medical Societies, it should be restricted to one board in each State, composed in fair proportion of representatives from its Medical Colleges, and the profession at large, and the pay for whose services as examiners, should in no degree depend on the *number* licensed by them."

The same resolution was subsequently handed to Dr. O. S. Bartles, and by him presented to the Convention. An interesting and spirited discussion followed, which was participated in by Drs. Sumner, F. Campbell Stewart, Meredith Clymer, Isaac Parrish, H. W. Baxley, J. R. Manley, S. Hasbrouck, and N. S. Davis. Motions were made by those opposed to entertaining the resolution, to lay it on the table, and to refer it to some one of the committees already appointed. These motions were either withdrawn, or severally voted down, and the resolution was finally referred to a special committee of seven, with instructions to report on the same, at the meeting proposed to be held in Philadelphia, in May,

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1847. On motion of Dr. John H. Griscom, committees were appointed to report at the same time and place, on the most efficient measures for effecting a *registration* of births, marriages, and deaths, throughout all the States of the Union; and also on a *nomenclature* of diseases adapted to the United States, having reference to a general registration of deaths. After passing the usual resolutions, complimenting the officers of the Convention, and thanking the Medical Colleges of the city, for freely tendering the use of their rooms for its meetings, the session was adjourned *sine die*, on the evening of May 6th, 1846. All the business of the Convention was conducted with decorum and the most cordial friendship, except that relating to the preamble and resolution introduced by Dr. Bedford, and even this gave rise to only a momentary feeling of excitement or rather indignation, which was quickly lost in the universal determination to act solely for the elevation and advancement of the whole profession. The Convention was fortunate in the selection of its officers. Dr. Knight, not only presided with dignity, but displayed a familiarity with parliamentary usages, and promptness, and pleasing urbanity rarely united in the same individual. In looking over the list of delegates in attendance, the reader will be surprised at the disparity of representation from States located equally contiguous to the place of meeting.

Thus, of the New England States, Connecticut had five delegates, Massachusetts, *one;* Rhode Island, *one;* Vermont, *three;* New Hampshire, *two;* and Maine none. Of the middle states, Pennsylvania had fourteen, two of whom represented the Medical Department of Pennsylvania College, while all the rest were delegates from the Philadelphia Medical Society; Delaware had five, all of whom represented Medical Societies; and New Jersey had only *two*, who were made members by invitation. Of the Southern States, Maryland had one; Virginia, three; Georgia, one; Mississippi, one; and Tennessee, one. Of the Western States, Indiana had one; and Illinois, one. This leaves little more than half of the entire number present, to represent the State of New York, while Maine, North and South Carolina, Alabama, Louisiana, Kentucky, Missouri, Ohio, Michigan and Texas, were entirely unrepresented. Eleven Medical Colleges were represented, constituting only about one-third of the whole number in the United States. The absence of a representation from so large a number of States and Colleges, was owing to various causes. In some States, neither Medical Societies nor Colleges existed, and individual members of the profession did not feel free to take upon themselves the office of delegates. This was the case in North Carolina; and virtually so in most of the unrepresented States in the

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South and West. For though State and District Medical Societies had been previously organized in most of them, yet they had ceased to maintain an active existence. Another cause, was a want of confidence in the success of the movement.

Many, who ardently desired a full Convention, and were friendly to any measures calculated to elevate the standard of medical education, were deterred from attending, by the belief that a sufficient number of others would not attend, to warrant the transaction of any business of importance. But still another cause, which affected more particularly the Medical Colleges, was a feeling of distrust in regard to the *motives* of those who issued the call for the Convention. There was a feeling of apprehension, increased to some extent, doubtless by the address of Professor Paine, that the whole movement originated in a spirit of radicalism and enmity to the Schools. And though such a feeling was without the shadow of a foundation in fact, yet it was evidently the chief cause of preventing the attendance of delegates from a majority of the Medical Colleges in the Union. Another feature which will strike the mind, in looking over the list of delegates in attendance, is the absence of those to whom the profession had long been accustomed to look as leaders in all important professional matters. We look over the list in vain for the names of Warren, Murray, Stevens, Chapman, Drake, and other veteran teachers in medicine. Almost the only ones present belonging to this class, were Drs. Knight, Manley, Stevens, and Delafield. Hence it may be said with propriety, that the Convention was composed of the younger, more active, and perhaps, more ambitious members of the profession.

And yet, both the discussions and action of the Convention were characterized by that moderation, coupled with a spirit of determined perseverance, which was well calculated to inspire confidence alike in the motives of its members, and the final success of the enterprise in which they had engaged. It will be noticed, that all the proceedings of this meeting were made to assume the character strictly of preliminary action. Instead of hastily declaring their sentiments by formal resolutions, or at once recommending measures about which there might be differences of opinion, they simply selected the most important topics connected with the education of the profession, and referred them to able committees, with instructions to report after ample time for deliberation.

They also declared the necessity and feasibility of establishing a National Medical Association, and appointed a judicious committee, consisting of Drs. John Watson; John Stevens; F. Campbell Stewart; A.

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Stille'; N. S. Davis; W. H. Cogswell; and E. D. Fenner, to report a definite plan of organization for such an Association, at a subsequent meeting to be held in Philadelphia.

There was consequently no manifestation of that "agrarian" spirit, or enmity towards existing institutions, which Dr. Paine, and perhaps others had attributed to the active members of the New York State Medical Society, and especially to Dr. Davis, the originator of the movement.

From all the foregoing details, it will be apparent that the great leading object of those who originated and carried into effect the Convention of May, 1846, was the improvement of our system of medical education.

That it was very defective in many important particulars, had long been acknowledged by the most experienced teachers in the country. This will be manifest to any one, who will take the trouble to read the essays and addresses of Drake, Moultrie, Dickson, Beck, and others. It was the hope of devising measures to remove these defects, and to render more useful, more learned, and more honorable, the great mass of American practitioners; coupled with the consciousness that no mere local action or influence would prove efficient, which gave birth to the movement. And it was a very general conviction of its paramount importance, that led to such a response on the part of the profession as ensured its success. How far this great leading object has been kept in view, and with what practical results, will appear as we progress with the subsequent history of the Association.

*Doctors' Commons.**

GENTLEMEN OF THE MEDICAL SOCIETY:—

A time-honored custom which I should be loth to violate, makes it my duty, before retiring from the Presidency of this Society, to read an essay on some subject connected with Medical Science.

To some of you, who could draw from years of experience and observation, facts that have been long stored up in the mind, and many times ruminated upon, this would be a very easy task; but to one, who like myself, has only just entered within the portals of this temple, whose mind is in a state of transition from the chaos of medical theories and opinions with which it was so industriously stored in our schools, to the "fulness of the stature" of one, who, from experience and observa-

*An Ethic Address, read by S. W. Butler, M. D., before the *District Medical Society for the County of Burlington*, January 10, 1854—and published by order of the Society.

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tion, has some established principles and opinions of his own, which he may embody in an essay, without fear of rendering their author obnoxious to the charge of presumption,—it is quite a different thing.

In this dilemma, I have chosen for discussion, the topic already announced: to the ear it may sound rather unique, but upon it, I shall endeavor to found some remarks, which I hope, will be mutually beneficial.

Among the many vicissitudes of my somewhat eventful life, it has been my lot to travel in the wilds of the far west, unprotected and alone, without chart, compass, or guide. On entering a vast forest, whose towering trees and rank foliage, almost shut from me "the eye of day"—with, sometimes, not even a bridle-way to shew that human beings had ever trod the ground before me—or, on emerging from such a forest, upon the borders of a prairie, whose expanse—

"As green, as wide, and as wild as the sea,"

has stretched away until it became blended with the horizon—I have paused an instant to reconnoitre my position, and fix indellibly in my mind the points of the compass, the bearing of my place of destination, and to observe any landmarks which might serve to guide me in my journey. This done, I have gone fearlessly forward, nor do I remember ever to have been led astray.

Just so, having entered the temple of medical science, I would pause on the threshold—would look around, and scan its fair proportions—examine the foundations of its massive pillars—survey the span, and calculate the power of the lofty arches that support its stately and magnificent domes—glance at the interminable length of its "long drawn aisles"—and intently regard the fountains and exotics which sparkle in, and adorn its spacious court-yard. But I would do more—I would look aloft, consider well the object and aims of my life—my position, and the opportunities it gives me for exerting an influence for good, or for evil. I would earnestly scrutinize that narrow way which ascends before me by no winding path, to the very goal of my existence, and with a steady eye on that, I must fix indellibly in my mind some *principles* of moral conduct, founded on the revelation of the Divine Will, and which, once determined upon, must not be swerved from, "though the heavens fall."

But we have here indicated the work of a life-time, if we have not encroached on the employment of Eternity!

It is to be observed that while the eternal and immutable principles of *Truth* lie at the basis of the whole, there are certain foundation stones

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upon which this noble edifice is reared, while, in the popular estimation at least, we ourselves, and each worshipper in the temple, constitute integral parts of that foundation and of the structure itself. Now, it is an established principle in Architecture, that in proportion as the materials of a structure are compact and firm, will be its strength, and the degree of confidence placed in its durability.

If, therefore, in the public estimation, we, individually and collectively, are held responsible for the amount of confidence which the science of medicine inspires, we must not, *cannot* lightly estimate this responsibility. It becomes our bounden duty to adopt any practical measure that may be devised, by which these integral parts may be fused into one whole; for this once done in a manner apparent to the popular view,—inasmuch as they hold us to be its representatives,—our science must necessarily, command the full confidence of the public.

That it does not command the respect it did, in the days of Sydenham, Fothergill, and Friend, we think is a position that will hardly be questioned, notwithstanding that as a science, it is very far in advance of the position it then held. And more, I have evidence that within the short period of fifty years, children were instructed to pay marked respect in public, to even a *dissipated* family physician. This is far from being the case now. Whence this change in public sentiment? It is not without a cause:—where does it lie? The science itself is very far in advance of its position fifty years ago, and is therefore deserving of far more respect, to which its representatives are most surely entitled. Why do they not receive it? Philosophical and political reasons, and conventional customs may reasonably be adduced as causes, yet we believe there are others within ourselves, and for which we are, in a degree responsible, and which may and ought to be removed. The cause, and the remedy for this state of things may be stated under the following heads:—

1. Defective medical acquirements, including their antecedent causes.
2. The fact that Quackery, in its various forms,—in part by its attainments, but principally by its pretensions, and the collusion with it, of those who pass as scientific physicians,—is leveling upwards, and claiming, and receiving a portion of that respect which is due the scientific physician alone: and,
3. Want of union and harmony among scientific physicians.

We have not time in this essay to discuss the positions assumed under the first two heads, but must confine our remarks to a few considerations suggested under the last.

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Leaving out of view, expressions having reference to that religion of the heart, upon which all our hopes for the future must be founded, I hardly know of two words that fall more heavily upon my ear, than those, so frequently in the mouths of the multitude, and so eagerly caught up, and rëechoed by the press,—"Doctors disagree." The saying has become a proverb—"Who shall decide when doctors disagree"? I answer, the *public* decide, and they *always* decide adversely to the interests of our noble science. I would not be understood to say that physicians must always agree on all points of medical doctrine and practice, or even perhaps of medical economy and ethics, except indeed, in so far as the latter are founded on that universally binding precept of our Saviour—"All things whatsoever ye would that men should do unto you, do ye even so to them." Were this absolute union of sentiment and feeling in all things possible, it would scarcely be desirable, since we would then have to bid adieu to all hope of *progress* in the developments of our science. But I would have the members of our profession call their philosophy—and more, their *christianity*, to their aid, in advancing the *common* interests of medical science, while they "agree to disagree" on minor points. "Exterior harmony is in entire accordance with the unshackled maintenance of individuality." I believe it to be a fact worthy of especial notice, that the disagreements which so often disgrace our profession, are not usually founded on real differences in medical doctrine or practice, but rather have their origin in those petty outbursts of animal feeling and passion, which hold the lowest grade in our fallen and sinful natures. Witness the bickerings, and quarrels which are so frequent, between members of our profession. Witness too, our courts of law, where, in suits brought against surgeons, for mal-practice—which, in nine cases out of ten, have their origin in cupidity and spite,—professional men are found, who, with a view to advancing their own interests at the expense of a successful and rival practitioner, are base enough to give questionable evidence against him, which, in the minds of most juries, will outweigh any array of knowledge and talent which may be brought forward by the defendant.

These petty rivalries and jealousies, are as injurious to our own *private* interests, as they are to the general interests of medicine, as might easily be proved; and they are as unbecoming the dignity, the philosophy, and the liberality of our profession, as they are often puerile in the extreme. Why, sirs, it is, as if two well-fed hounds, should quarrel, *not* over a bone, insufficient to afford each a mouthful of nourishment, but over a fat ox, capable of satisfying the craving of a dozen famishing curs!

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If I am considered severe, and undignified in the language I employ on this subject, the subject, and not the pencil of the painter is responsible. "I confess that to a refined taste, it is course and revolting. But *the pitch was on the canvass, I but touched it and am defiled!*" Yet while I thus speak of what does exist within the pale of our profession, I am happy to say that I know no member of this Society, to whom these animadversions are applicable.

I feel that nothing is now more wanting to inspire the minds of the community with confidence in us as medical men, and through us, in the science of medicine itself, than an evident union of feeling—a community of interest, that would not brook an evil report raised against a brother practitioner, and that would lead us to defend the interests of the science of medicine as represented in him, as earnestly, and as warmly as we would have *him* to do, were the foul tongue of slander seeking to ingratiate itself with him, at *our* expense. In other words, we need to cultivate more diligently those christian graces, which, like a string of pearls run through the whole of the thirteenth chapter of 1st Corinthians—which "thinketh no evil" (the wish is often father to the thought,)—which "rejoices not in iniquity," (or the *misfortunes* of our brethren),—which "vaunteth not itself"—"is not easily provoked," and which "suffereth long, and is kind." We have already quoted the divine precept on which all sound ethics must be founded.

Gentlemen, you may think it bold and presumptuous, that one of my age and standing in the profession, should use the language I do here. But, I announced it as my intention at the start, to seek some guiding star, some way-marks, by which to thread my path through the mazes that lead to the goal of professional ambition, and if, in my field of vision there are unsightly crags and projections that will aid me, I presume I may use, while I endeavor to avoid them.

It is because I regard these flaws as unmitigated evils, because I earnestly deplore them, and because I think that every influence should be brought to bear, that may tend to draw more closely the cords that bind us together as men, and as *practitioners of medicine,* the "noblest of all professions, but meanest of all trades," that I venture to bring forward, for your consideration, the following plans. Should they at first view, seem utopian, and impracticable, I pray my professional brethren not to judge and condemn them too hastily. Albeit they are the outburst of the youthful and ardent temperament of one who hopes and believes, that he is sincerely desirous of advancing the best interests of his chosen profession, they are, nevertheless, the result of a good deal of study and ob-

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servation, as well as of much intercourse with his professional brethren. I believe the plans to be perfectly feasible, and that they will bear investigation.

The policy which I advocate, is founded on the principle of *association*, and whatever, if any claim, it may have to originality, can be so, in only part of its details. For, in our State Society founded eighty-eight years ago, in our county Societies, in our National medical organization, as well as in all such associations, at home, and abroad, the principle is recognized, and by its very existence, triumphantly vindicated, for, had it not been found to work well, it would long ago have come to nought. It has come to be a general rule as well in the eyes of the discriminating public, as in our own, that he, and he only, is the respectable physician, who not only acknowledges fealty to some form of professional association, but who takes an *active* interest in the proceedings of such organisations. The man who holds the license of a Medical Society, merely for the purpose of placing himself under the ægis of legal protection, is a "marked man," even in the eye of the public.

I have reason to know that plain farmers' wives, read with interest, the meager reports, of our too often meager proceedings, which are published in the newspapers, and they know who of the physicians in their neighborhood are present at those meetings, and what part they take in them.*

The city or village newspaper, which in an "item" chronicles the fact that any number of physicians, either in a simply social, or in a more public capacity, met as physicians, and had "a good time," in so doing, spreads abroad the intelligence who constitutes the *profession* of the place or neighborhood.

The day has long gone by, when a man could attain eminence in any profession, or command the respect of any community, without hard study, and close application, and he who by his attainments is entitled to respect, is as irresistably drawn into association with men of kindred tastes, as are particles of matter by the law of attraction.

The apparent exceptions to this rule, are like malignant growths in the human organism, whither the disorganized cells convey and deposit, their morbid material, gathered alike from the fountain head of human intelligence, and from "those members of the body which we think to be less honorable." And, if one of these exceptions should claim pre-

* I would here respectfully suggest the propriety of having the proceedings of our society published by the Secretary *in extenso*, or, so far as may be proper for the public eye, in the newspapers of the day. I believe good would result from it.

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cedence on the score of a more liberal pecuniary support, it is, as if a cancerous breast should exult over its healthy fellow, or a morbidly enlarged organ over one free from disease—for money thus acquired, is unhealthy material, and will as surely eat into the vitals, "as doth a canker."

Notwithstanding these facts, it is well known that there are some physicians who are backward about connecting themselves with our societies, and many others, who, too often honor our appointments in the breach rather than in the observance. I would, by increasing the inducements to association, bring these men into the societies, and thus enlarge the sphere of our influence, and, at the same time, make more apparent the difference between us, and the horde of pretenders, who like jackalls beset our paths. I would have some bond of union, other than the mere abstract principle of association—some *nucleus*, around which we may cluster in a sort of "social crystalization." It is extremely difficult to form an attachment to an abstract principle. "Where the *treasure* is, there will the heart be also."

In making an application of the foregoing suggestions, we will briefly consider them in reference to—

1. Our State Medical Society.
2. Our County Medical Societies, and
3. Our City or Village Associations.

First, then— I advocate the formation by our State Medical Society, of a Library, Pathological Museum, and Cabinet of Natural History. The Medical Society of Virginia, at its annual meeting in April last, laid the foundation for such a collection, and appointed a curator.

"Many hands make light work," and the principle once established, and the labor heartily engaged in by the members of our society, I believe that such a collection could be made at a very trifling expense, and that it would steadily grow, and be of permanent value to the profession, and to the State. Books and specimens in Pathology and Natural History would flow in, and the hills and valleys of Sussex would vie with the plains of old Cumberland and Cape May, and our large towns and cities would compete with both in adding to the common stock. Every contributor to such a collection, would have a *personal* and an abiding interest in it, and our Annual meetings would be vested with a new interest. Indeed, once a year, would be found too seldom for these re-unions of the profession of the state. These collections too, particularly those in the pathological and natural history departments, would inevitably call forth communications and essays which would give to the trans-

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actions of the Medical Society of New Jersey, an interest which would attract the attention of neighboring states, and indeed of the profession everywhere. These essays might always be written in a form suitable for binding, and thus be preserved in the archives of the society.

The establishment of such a collection was a favorite project of the late Dr. James Paul, of Trenton, and had the proposition to that effect, which was brought before the Society at its Annual Meeting in 1852, been favorably received, I have reason to know that his valuable library would now have been the property of the State Society.*

For the accommodation of such Library and Museum, I would ask, *and expect*, that the legislature of the state would appropriate to the use of the Society such room or rooms in the State Capitol as might be needed, and where all the business meetings of the Society could be held. The Society is a State institution, having a general, and not a local interest, and one which it is to the interest of the government to foster and protect, and which *it will do* if we are true to ourselves,—and if we evince a disposition to engage heartily in such a work, I have no fear but the appropriation would be promptly and heartily made. Legislation has reference to the future, as well as to the present well-being of man, and I ask in all candor, if such action as that proposed on the part of our State Medical Society and Legislature, is not fraught with benefit to the profession, and through them to the whole people of New Jersey.

But, it is objected that such a collection at the State Capitol would be of little or no value to the profession in remote sections of the State. I answer, that legislation has reference to the greatest good to the greatest number, and, with the present and prospective facilities of travel, together with the necessarily frequent communication with the State Capitol, the large majority of the physicians of the state would have comparatively ready access to the collection. Besides, the advantage to the profession at large, which would result from the *attractive force*, so to speak, of such a Library and Museum, would far counterbalance all such objections. These objections are not of sufficient force to prevent our National and State Legislatures from collecting at their respective seats of government, extensive libraries for the use of legislators, and no one questions, that notwithstanding the outlay from the public funds necessary to establish, and keep up these libraries, the money is well expended, and that they will be of lasting advantage to the public. These Libraries are often consulted by public men during the recess between the

* I am happy to say that most of this Library is now in possession of physicians in this county.

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sittings of the legislatures. What valid reason is there why physicians should not have equal facilities for consulting an extensive library of medical authors?

In reply to the objection that the extensive medical libraries of the cities of New York and Philadelphia, would render the proposed collection unnecessary, I would simply say, that it would be as reasonable for our legislature to rely on the extensive public libraries of those cities as for us to do so,—and besides, we would not, and *could* not feel that freedom in resorting to, and using those libraries, that we would in resorting to one of our own. To my mind, the argument, in any view, is clearly in favor of such a collection as the one proposed.

Second.—I advocate the formation, by our County Medical Societies, of similar Libraries and Museums, on a scale, of course, proportionate to the extent of the sources from whence they are to be drawn. Interchanges of duplicate copies of books, or specimens in pathology or natural history, might often be made with the State or other County Societies. For the county Libraries and Museums, I would ask, and expect accommodations in one of the public buildings of the county, for the same reasons that I would ask such accommodations in the State Capitol. Here, the county meetings, which ought to occur as often as once in three months, should be held. The several advantages to be derived from such collections, enumerated under the first head, are as applicable to this, and need not be repeated.

Third, and lastly,—I would carry the same principle as far as practicable, into our cities, towns, and villages. Wherever there are two or three physicians, I would have them hold a room in common, in a public part of the town, easy of access, and known as "*the doctors' room.*" Here let each physician deposit, for the time being, such books from his own library, and such specimens from his cabinet, as he can spare, each marked with his own name, and the whole properly secured in glass cases; each physician being provided with keys to open them. Then, at suitable hours each day, let this room be thrown open to the public. Let there be here, skeletons of the human frame, wired and natural, for the inspection of the curious non-professional inquirer. Let the room be attractive in size and furniture, and be a common resort at all hours for the profession of the place, where they may meet, as they have opportunity, for social converse, and where they may hold frequent stated meetings of a professional character, and where, in the larger towns and cities, there may be, on proper days, certain hours in which the physicians in rotation, could meet, and prescribe for the poor. I need do no more than

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mention the advantage of such an arrangement to the medical student. The physicians might agree to subscribe for different medical periodicals, and thus have the advantage of receiving medical intelligence from various sections of the country and from abroad. The profession and the public too, would thus often enjoy the advantage of reference to valuable collections in mineralogy, botany, conchology, etc. etc., and the body of physicians in the place, would, necessarily command more entirely, the respect and confidence of the public. The trifling expense of furnishing such a room, is not to be thought of, in view of the great advantages that would result.

Such frequent intercourse among physicians, as the proper carrying out of these plans would require, would make them too well acquainted with each other to render it possible, except in very rare cases, that any serious misunderstanding should arise between them, and the medical profession would present the grand spectacle of the devotees of a benevolent and useful science laboring *unitedly*, and earnestly, to promote the welfare of mankind. Then would this temple of science present to the popular view, one massive structure, whose integral parts are fused into a whole, against whose broad and deep foundations, the surges of popular superstition and error dash in vain, and whose fair and faultless proportions, as they loom up against the gathering clouds, bid defiance to storms and tempests.

BURLINGTON, *N. J.*, *Jan.* 1854.

Hysterical Monomania. By I. P. COLEMAN, M. D.

IN October, 1852, I was called to Mary ——, a young Irish woman, aged 18, affected with what I supposed to be hysterical convulsions. The symptoms were strong muscular movements in both upper and lower extremities; violent contortions of the body, and twistings from side to side, head thrown back, face flushed, eyelids closed and tremulous, arms forcibly brought against the breast, and hands grasping at the throat, with a whining cry of distress. The attendance of two persons was required to keep her in bed.

The use of valerian and cathartics calmed the nervous tumult so satisfactorily that I made but three visits, and heard no more of the case until the following June. At that time rumor was busy upon the strange phenomena taking place at the house of her employer. I went thither, and obtained the following history, viz: the nervous irregularity

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had been comparatively quiet for some time after my former attendance, but in two or three months increased in frequency and violence, until the paroxysms were frightful, lasting two or three hours, with loss of consciousness, and disturbance of the affective faculties—patient extremely irritable on recovery, assailing the spectators with any missile at hand. Complained of a gnawing and tearing sensation in the stomach, and during the paroxysms the epigastric distention was so great as to excite uncharitable suspicions upon her reputation. Loss of appetite for ordinary food, but drank large quantities of milk when unobserved, as that gave most relief to the internal gnawings, and quieted the commotion so frequently present; embonpoint well preserved, and complexion sanguine. The attacks were almost daily, and most frequently in the evening. The girl was fully of the opinion that she contained a living animal in the stomach. Early in June her case was stated to a celebrated doctress, who pronounced it to be either a snake or tape-worm, and ordered fern-root to be taken in decoction. Apparently much against her inclination, she was induced to drink it, when a dreadful scene ensued. The "*baste,*" as she termed it, was offended at the potion, turned his back upon it in a rage, and made desperate lunges to escape through the œsophagus, and once blew sand into her mouth, which she ejected into a basin. The intergastric evolutions continued thirty-six hours, during which time violent spasms and maniacal ravings were almost constant; a calm then ensued, and there was tranquility four or five days, at the end of which time a new phase was presented. Horrible sensations of strangulation, and violent, but ineffectual efforts to vomit came on, the hands were thrust furiously into the fauces, and fragments of dark tough skin forcibly extracted. The apparent agony during the efforts, was great, each paroxysm terminating with violent hysterical convulsions, turgid face, protruding eyes, throbbing carotids, and bursting jugulars, with seeming unconsciousness. Day after day such things were exhibited, but chiefly in the evening, and always in the presence of several attendants and spectators. The quality of the material changed from skin, apparently having scales, to a soft, solid substance, which when dry, resembled sweet potato in fracture and odor: also, a substance similar to wood having undergone eremacausis, and smelling like mushrooms; also, the green and ferruginous sand of the locality. The above substance to the amount of two or three pints, was forcibly thrown from the throat: then followed viscera, intestines in fragments, making five feet, a small heart, liver and trachea, all free from putrefaction or digestive erosion. At this stage of the proceedings, I first saw the patient, when she was

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beginning to produce bones, a few joints of small vertebræ resembling the caudal extremity of an eel, ribs, with processes for vertebral articulation, and osseous union to the sternum, with cartilaginous joint in the centre; also, several pieces of dorsal vertebræ, one having a lumbar and sacral termination, and some small bones resembling reptilian extremities. The vertebræ amounted to several inches, and were in sections of two, three, and four joints, united by some muscular and fibrous tissue, bearing the appearance of having been macerated or partially digested. As these specimens were produced at intervals of two or three days, and twelve or fourteen days had elapsed since the first exhibitions of skin, the latter productions evinced more and more the effect of maceration, until the last were nearly denuded. The absence of sound information in comparative anatomy and reptilian habitudes, together with the patient's history, and the testimony of the family,—unimpeachable in veracity, and incapable of collusion,—gave plausibility to opinions which were subsequently disproved. An Irish girl having been in the habit of drinking from a running stream at home, becomes sea-sick on the passage, feels an epigastric gnawing—one month after her arrival has hysterical convulsions, her first derangement in health; gastric irritation increases; reflexed movements in the voluntary muscles cruelly augmented; firm conviction of the existence of a living animal within her, she takes the decoction of fern-root; convulsions are aggravated; the animal dies; in six days she begins to eject skin, flesh, viscera, and bones, the first not acted on, the last very much so by the gastric fluids. A strong coincidence in chronological and physiological appearance. Although Ireland is destitute of reptiles in general, the good old Saint has suffered one variety of water lizzard to remain, familiarly known as the man-keeper, which tradition says is frequently swallowed. When dissatisfied with his situation, and the unlucky wight also with his tenant, the latter has but to lie down with his mouth near a babbling stream and the reptile makes his exodus. The text books, after enumerating the parasites most common to man, have a stereotyped appendix of accidental occupants—larvæ of flies, triton palustris, lacesta aquatica, salamander, &c., and these are so modified by their new situation, as scarcely to be recognized.

The lacesta aquatica, like the tadpole, for a period after his escape from the ovum, is truly aquatic. He may possibly be swallowed in this stage of existence. Vitality, and the active principle of development in early life were supposed to be capable of resisting the digestive process. His small pulmonic, when compared with the systemic artery, proves

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him to require a very limited quantity of air for respiration, even less than the fishes. The law of adaptation acting so extensively on inferior animals might so have changed his habitudes as to enable him to abstract a sufficiency of air from the food and saliva. A constantly elevated temperature, and abundance of food, might have increased his development even to monstrosity. But the climax exposed the deception by producing four entire sections of lumbar and sacral vertebræ, also the skeleton and part of the carapace of the land turtle. The artfulness of these transactions adds another example to the catalogue of deceptions practiced by the hysterical, both upon themselves and their friends. I had been present during a number of the paroxysms, had seen her struggles while extracting the fragments of bone from the throat; the hemorrhage from the fauces, and the concluding convulsions, without detecting the trick, although suspecting the possibility from the first, and advising the family to be on their guard for deception. The amount of vertebræ thus exhibited is one foot in length. As there is much vagueness in the minds of physicians as to the kinds of parasites capable of existing in living animals, I give the remarks of Professor Leidy on the subject, who has kindly offered his opinion on this occasion. He says, "the bones consist of five or six vertebral columns of young pigeons, fragments of cervical vertebræ of the common fowl, and bones of the extremities and head, with fragments of the carapace of a turtle. The heart and intestines appear to be those of a bird. If the collection were vomited from the stomach, it of course must have been previously swallowed. Independent of the character of the animals to which the different parts in the collection belonged, *no animal possessing an osseous skeleton* is capable of living within the *human stomach*. Serpents, lizzards, toads, and Salamanders, if swallowed alive, most probably would not remain in that condition a single hour; indeed, no animal whatever can live within the human alimentary canal except intestinal worms, and the larvæ of several genera of flies, as the besties or bot-fly, musca or flesh-fly, &c. There have been numerous instances recorded of the supposed existence of eels, serpents, frogs, toads, salamanders, snails, &c. in the human stomach, but upon examination they have invariably proved to be false."

Here is a case of reasoning monomania: the cause of the disease is obscure, as the functions of organic life appeared too well performed, but its character is unmistakable. The contortions described above, distention by flatus, globus hystericus, gastric pains referred to the side described as pathognomonic of hysteria. Pre-disposed to superstition and the

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marvelous, it is not singular that the idea of a living animal should be entertained. Esquirol says, "a weak understanding, but little or badly cultivated, pre-disposes to monomania." The absorbing idea in this case, was the reptile, a public declaration of its existence had been made, and an honorable obligation required its demonstration. Cunning, so vivid in the insane, devised the plan, and reason executed it as by inspiration. An ignorant girl, not apparently designing in other respects, conducts the scheme with the accuracy of a physiologist, for a time; thus the nervous agitation increases in force and frequency for several months—she takes medicine; the paroxysms are exalted; in thirty-six hours the commotion subsides; teguments are extracted from the throat, apparently flesh, viscera, bones, at first covered with tissue, gradually less and less so, until they are entirely denuded. Here the judgment failed; too great desire for notoriety exposed the trick, but not the manner of it. Quadruplicates of entire sacral vertebræ, with the skeleton of a turtle, were too much for the largest credulity.

That much of this material came from the stomach, I have no doubt, judging from personal observation and the testimony of witnesses of undoubted sincerity. The ability in some to regurgitate, is great, especially when the fauces are titilated. The absurdities of hysterical whims are proverbial. When delicately educated females drink their own urine, and vomit it up to convey the impression that the renal function is suspended, and the stomach doing vicarious service; or when the urethra and vagina are filled with pebbles to cheat the Doctor, and the hoax not confessed until placed on the table, before a class of students, and tied, as for lithotomy, we are not astonished at any report of extravagance.

Esquirol, again, says, "when monomania does not become chronic it frequently terminates spontaneously, with or without sensible crisis." The girl is now well, and unless the violent revulsions so frequently excited in the stomach at these exhibitions, modified some existing morbid condition of that organ, the cause of recovery is not apparent. Milk is no longer relished, and the appetite is good for ordinary food. As this case excited much interest in the country, and even among the savans of the city, it is offered to give publicity to the declaration of Prof. Leidy, "that no animal possessing an osseous skeleton, is capable of living within the human stomach."

PEMBERTON, *Jan.* 16, 1854.

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"THE CHANGE OF LIFE," *in Women; with remarks on the periods usually called "Critical."*

BY JOSEPH PARRISH, M. D.

NUMBER II.

Changes of Childhood—Characteristic Change in the Female—What it is?—Its Office; the Organs Involved; Extent of the Change.

FROM the earliest period of infancy, to mature age, there is a constant progression in the development of the human organism. There are organs, which may be comparatively useless in feeble infancy, that are destined in the course of ripening years, to serve essential purposes in the human economy; while others are from month to month, and from year to year, modified in their capacity, and prepared to perform functions, which, though similar in kind, differ materially in degree. The babe, as it reposes upon its mother's bosom, careless of all surrounding objects and influences, is itself a passive being. Its eyes may be open, and appreciate the surrounding light, and yet, while the objects within its visual range, may be daguerreotyped upon the miniature retina with distinctness, there is no evidence of an intelligent impression being transferred to the brain. The brain as yet, may be considered a latent organ. It is the unpolished plate, waiting for the hand of the artist, to *change* its surface, and fit it for the reception of the impression, already pictured within the frame work of the instrument. In the lapse of time, the cerebral function becomes apparent; the child evidently exhibits the phenomenon of mental perception; thought is elaborated, and the period comes, when judgment, like a feeble stem, spouts forth, and continues to grow, through constantly multiplying changes, till it assumes the type awarded by the Great Disposer, appropriate to the finite condition of its possessor.

Again, in the early period of life, the infant is only capable of receiving such nutriment, as does not require mastication; nature has indicated this, most certainly, in witholding the teeth from the child, and supplying a maternal fountain, equal to its wants. The stomach at this stage of existence, is not capable of appropriating the stronger food, that it will afterwards demand as essential to the vigor of the individual. A *change* must be wrought in the organ, to meet the *change* of circumstances—and as it may be matured, the teeth come, and go again, in pairs, the jaws widen, and the muscles, covering and moving them, strengthen, so as to execute the stern demands of a *natural law*. As the brain, and its appendages connected with vision, so the stomach and its appendages connected with nutrition, *change* in their size, capacity, and power, from year to year. And as the former may be said to be the centre of the nervous

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system, and the latter the centre of the nutritive system, there is a corresponding *change* in the power and susceptibility of the equalizing medium, exhibited in the nervous arrangement with which they are both essentially connected. It is the telegraph by which disorder is announced. If the brain, or the nervous system becomes deranged, the stomach, and nutritive system feel it, and *vice versa:* while either, with a powerful reflex action may agitate the whole organism. Hence, the familiar examples of disease incident to the period of dentition, the details of which it will be needless to enumerate, as the reference here made to the subject of early childhood and its *changes*, is merely for the purpose of affording an analogy, from which to derive a confirmation of the doctrine, presented in the introductory essay—viz: that the "Changes of Life" in women are natural, and not to be interfered with, unless some abnormal symptoms accompany them.

The peculiarities of childhood already noticed, are natural to both sexes; but the first great *change* to which the human female is subject is menstruation. The word menstruation means simply a monthly flow. Its etimology does not embrace the character, or quantity of the discharge, referring only to its periodicity. The organs from which it comes, are the uterus and its appendages. Its office, is to transform the girl, from girlhood to the estate of a woman. It performs its office by developing a latent organ, hitherto inactive, and apparently useless. Power is exhibited by the transformation—power to conceive, and to mature a living human being.

The period for the appearance of the menses, called *menophania* occurs generally in this climate between the ages of twelve and fourteen years. We then have before us at this age of female life, a new organ with its appendages, and a new function. To examine them briefly in connection with their sympathies and relations, will be the object of this essay.

A new organ—a womb. For twelve years it has lain in its pelvic bed, without alteration, except a very gradual increase of size, to maintain its progressive relation with other parts of the economy. A truncated conoid body, flattened somewhat upon its surface, nearly an inch in thickness, about twice that length, and in breadth, perhaps midway between the two. It has a body and a neck, with a slight fissure or cavity occupying its interior, and of the same shape, terminating below in a corresponding opening, called its mouth, or *os uteri*.

Its appendages—Fallopian tubes, situated above and on either side, communicating with the upper angles of the internal cavity, by extremely small openings, and extending laterally four or five inches, at first

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straight and narrow, but in their course, extremely tortuous, till they terminate in a wide fringe, called by anatomists, the *fimbriated extremity.*

The ovaries—two ovoid bodies, containing a clear fluid, placed on each side of the uterus, and supported by the uterine ligaments, into which one of the tendrils of the fringed extremity of the tube before described terminate, in order to form a direct communication with the cavity of the uterus.

The vagina—a canal or opening five or six inches in length, embracing the neck of the uterus above, and terminating externally.

These varied, and complicated structures, spring speedily into new life,—become sensitive and excitable. The entire system sympathizes with the effort, and there is a rapid change in the whole being—a change too familiar to need detailed description.

Consider for a moment, however, the extent of this change. The womb, and its immediate tributaries, if I may so call its appendages, are not only concerned, but they make a demand upon the heart, and through it, upon the entire circulatory system—the spinal marrow, and through it the entire nervous structure—the brain, and through it the intellect and moral nature, until all are forced into the work. The heart beats more vigorously perhaps, and the pulse is more rapid. The nervous force is distributed, it may be with some inequality and excitement. The brain is more acute, and the moral sensibilities more intense. Such a general change in the habits of the constitution, in the character and development of mental phenomena, in the degree, and force of moral impressions, renders this period one of great interest, while the organs concerned in this process, are being gradually developed. Their peculiar function appears at once—sometimes without premonition. The discharge often comes on in a moment, or the child may rise from bed in the morning, alarmed by the presence of a bloody flow from her body, she knows not whence, or how; and if the general health be good, if her mode of life has been natural, if her mind has not been over-taxed, and her body subjected to irregular pressure or constraint, it comes even suddenly, without danger—but more of this hereafter.

What a wonderful provision of nature. It affords to the human female a characteristic mark, not known to any other being—a mark distinguished by a sanguineous flow from the uterus, every lunar month, which continues from three to six days, and measures in quantity from eight to ten ounces. Does it cause the general development of the system, or is it the result of growth in the individual? This is a question unsettled by physiologists: all we can say upon the subject is, that the men-

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strual development, is coincident with the general increase of size and power in the mental and physical frame—that its occurrence makes an important *change* in the habitudes of the individual, and that it is a natural appearance, that it is essential to a healthy condition of mind and body. Its sympathies then, are with every part of the human structure, because it maintains a relation to every part: without it, there cannot be perfection in development. With it, properly regulated and sustained, there may be a perfect existence. If its appearance is modified by excess, or the reverse, there is a corresponding modification in its relations to other organs, its sympathies become morbid, and disease is the result. So again, there may be a power over the uterine system, employed by morbid changes occurring in other organs: a power sufficient to arrest the menstrual flow, to diminish, or to increase it. As has been said already, the telegraph by which these sympathies are conducted, is the medium of equalizing disturbed and opposing forces; and if we regard not the nervous system in our therapeutic appliances to disorders of menstruation, we shall fail to display that tact and wisdom, which should ever emanate from, and adorn the medical profession.

TO BE CONTINUED.

CORRESPONDENCE.

American Students in Paris—Hopital La Pitie, its Origin—Valleix as a Lecturer—Typhoid Fever; treatment of M. Le Roy by cold water,—frequency of the Disease,—Mortality in Parisian Hospitals—Why?—Bouillaud and blood-letting in Typhoid Fever—Cholera.

PARIS, December 7th, 1853.

MESSRS. EDITORS:—It would afford me great pleasure to comply with your request, to contribute something for your valuable periodical, were I perfectly assured that my scribbling might not occupy the place of more important matter. But of this you must be the judges. I do not flatter myself that I shall be able to speak of anything here, that is really new to the well-informed medical men in America. The facilities of communication between the two continents, are at present so great as to preclude any such idea. Scarcely a day passes without the arrival of new members of the medical profession from America; and probably every steamer carries home some who have just completed their tour of observation and study here.

You will permit me therefore, to jot down such matters as come under my notice, be they old or new, without wasting time in what at best might only be an unsuccessful search.

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For some two months past, I have been attending the Clinics, at the "Hôpital La Pitié," in the South Eastern part of the city, close beside the Jardin des Plantes. It is quite a large Hospital, containing 624 beds, admitting annually about 11,000 patients. It presents a rather weather beaten appearance externally, though not so old as some others. It might not be uninteresting to give its origin.

It seems that at the commencement of the 17th century, the number of mendicants became so great in this part of the city, that Louis XIII found it necessary to have them confined; for this purpose the grounds where the Hospital stands were obtained, and buildings erected in 1612, and named the Hôpital de La Pitié.

At first it was simply a receptacle for old mendicants of the male sex, but, after the building of the large Hospital "Salpêtrière" by Louis XIV, (which at present contains some 3000 people,) they were all removed thence, and La Pitié became a refuge for orphans and destitute children. During the revolution, these were named the "Children of the Country." It was not until 1809, that La Pitié became a regular Hospital for the sick. If this sketch should be deemed *malàpropos*, I may remark that the old Hospitals here have distinct reputations. VELPEAU for example, is called the distinguished Surgeon of La Charité, and in some diseases, "La Charité" has a treatment of its own, known as the "Treatment of La Charité."

La Pitié has always sustained a good reputation. LISFRANC was Surgeon there for many years, contemporaneously with DUPUYTREN at Hotel Dieu, and acquired a celebrity second only to his. I find he is very often quoted. In the medical department, I may mention Dr. GENDRIN, a fine old man, still at his post, who will lecture on Cholera in a few days.

But I wish more particularly to speak of Dr. F. L. I. VALLEIX, whose course I am now following. I have not been able to find a better medical clinic any where in Paris. He has charge of about 90 patients, one half of whom are women. He usually spends about three hours in the wards, every morning, except the mornings that he lectures, which is every other day. In most cases of importance, he allows the "externes," or any one that chooses, to come forward, and examine patients who have recently entered the Hospital, requiring them to give their diagnosis, prognosis and treatment, and at the close mentioning whatever may strike them as remarkable in the case. VALLEIX then points out what he deems to be faults in the manner of examination,—retraverses the whole case himself, making a thorough exploration of all the impor-

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tant organs by means of auscultation, percussion, palpation, &c., interrogating all the functions, no matter what the case may be—in short leaving no means untried to bring out all the lurking symptoms of disease. He then describes the case as he finds it. And as the symptoms generally point toward some three or four diseases, he proceeds to make the "differential" diagnosis, which, according to the French practice, is *always by way of exclusion*—throwing out first the most improbable, then the next, and so on, till he brings it down to a point, and the diagnosis is made, with so much rigor and exactness, and at the same time, such a comprehensive survey of the whole case, that one feels that the "force of science could no farther go," at least in its present state. When there is still a doubt, of course it is necessary to await the progress of the disease, or the demonstrations of the autopsy room. I have known him to spend an hour on one case in this way—and I always considered the hour very profitably spent in listening, though it must require no small amount of patience for him; but being an enthusiast as he is in his profession, the labor does not appear onerous.

He has been testing for some time past, the treatment of M. LEROY, in Typhoid Fever, which has been epidemic in Paris for almost twelve months. The principal peculiarity of it, consists in requiring the patient to drink copiously of cold water, and keeping cold compresses applied to the abdomen, renewing them every fifteen minutes or half hour. Bleeding once or twice at the commencement, if the fever be very high. M. LEROY, according to his statements, has had remarkable success. The results with M. VALLEIX have not been so successful, though he admits that he has not been able to give it a fair trial, as it is impossible in a Hospital, to have the compresses renewed as often as required. Yet still, his experiments have shown:—1st. That the tongue, mouth, and mucous membrane are kept in better condition in this way, than in other modes of treatment. 2d, That there is not so much liability to severe ulcerations or perforation of the intestines, and that the skin remains more cool and moist. It will be seen at once, that this is only one modification of Hydropathic treatment. And I may remark, that I have known Professor TOUSSEAU resort to cold affusions in apparently desperate cases of this disease, with the most marked success; but he thinks they are particularly beneficial in the ataxic form of the fever. Dr. GENDRIN of La Pitié, has used water in this disease for many years. There is a great amount of Typhoid Fever here, and the fatality is very great. Probably an average of the statistics would give one death in every seven cases, some say one fourth, and some one tenth. But this is almost

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equally true of other diseases, for of the thousands who enter the numerous Hospitals of Paris every year, statistics show that one-tenth never come out alive. I am not familiar with the statistics of the Hospitals of the United States or Great Britain, but I have no idea that they tell so badly as this. I heard Prof. NELATON say the other morning, that it had become a moral question with him, whether he ought to perform the operation of amputation of the leg or thigh at all, for, of all of the amputations performed at this Hospital, (La Clinique) there have been but *two cures;* all the rest have died, and generally of purulent absorption. And he would not have it understood that this Hospital was peculiar in this respect,—all the other Surgical Clinics of Paris gave the same result. This frightful mortality he said demanded a complete reform in the management of Hospitals. To what it was to be attributed he did not say:—certainly not to the *manner* in which the operations are performed. The debilitated condition of the patients when they enter, resulting from bad air, bad lodging and insufficient nourishment, is no doubt one great cause.

Then their manner of dressing is objected to by some. They have a material called "charpie," which is simply a coarse lint: they place this around the wound in great abundance, so that the limb is deeply buried in it, securing it with cloths and bandages. This exceedingly heavy dressing, would certainly seem to favor inflammation, and purulent absorption might be accounted for, by the general anæmic condition of the patients. Nevertheless Parisian patients seem to support bleeding better than in our climate. Prof. BOUILLAUD treats Typhoid Fever by his favorite practice of bleeding "*coup sur coup,*" or repeatedly, and at short intervals, and they are said to do well; of course he says better than under any other treatment. However, he is in the minority in this opinion, yet it is certainly astonishing how well they do; his cures seem to be about the same as others, though the term of convalescence is much prolonged. I simply give this as a curious fact. I presume few Americans would feel disposed to bleed as heorically as Prof. BOUILLAUD.

I had intended to speak of M. VALLEIX'S treatment of uterine displacements, and his modifications of the uterine sound, and redresser of Dr. SIMPSON, but if you will excuse this desultory letter, I will make that the subject of another paper. I will conclude by stating, that Cholera is upon us; there are cases entering the Hospitals every day, the most of whom die. It has not spread very much as yet. It seemed almost to have died out a little more than a week ago, but burst out again worse than ever. Twelve cases entered Hotel Dieu, before noon day before yesterday. There is no certainty that Paris may not soon be a prey

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to the scourge. A singular case occurred at "La Charité."—A matron of one of the wards, in passing a cholera patient, spoke to the servant and told him to be careful and see *that* patient well attended to, as he had the Cholera. Whereupon the man *fainted upon the spot*,—was carried out of the ward,—and in less than twenty-four hours died of Cholera. He had not complained before.

Very respectfully yours, B.

Imperial Academy of Medicine—description of its Halls—Session of the Academy—Report on the Treatment of Aneurism by Injections of Perchloride of Iron—Discussion—Interest in the Proceedings, on the part of the Members.

PARIS, Thursday, November 17, 1853.

DR. ISAAC WOOD—Although I have not attended a meeting of our Academy for nearly two years, yet I continue to feel a deep interest in its welfare, and shall be happy if, in any way during my residence in this metropolis, I can advance its interests. As many of the Fellows have not had an opportunity of attending the meetings of *our great prototype, the Imperial Academy of Medicine*, I have thought it might be interesting to them to give a hasty sketch of the meetings held on the 9th and 16th of November, at 4 P. M. We enter by a side door into the ancient chapel of *La Charité Hospital*, (Rue de Saints Peres.) The vestibule, or porch is a square room with a colossal statue of ÆSCULAPIUS at its upper extremity, flanked by marble busts of Baron PERCY and PORTAL. Around the walls are ranged busts of BECLARD, CHAUSSIER, PINEL, SCARPA, FOUQUIER, GUERSANT, LARREY, PANSET, MARJOLIN and DUPUYTREN—the two latter in bronze. The *Salle des Séances* is a small room, but little more spacious than our small chapel of the University, lighted by a sky light, and badly ventilated. Each member, as he passes in, inscribes his name on the Register, which thus becomes a most interesting collection of *autographs*. Over the President's chair is a picture, after REMBRANDT'S, representing "TULPIUS demonstrating the flexor muscles of the fore arm." Around the room are suspended twelve portraits of the illustrious members of the Academy—the most conspicuous among them being those of BOYER and ORFILA in his scarlet robes of office. In the niches above, in gilt letters, are the names of distinguished physicians on one side, and of surgeons on the other—all of whom have been members of the Academy, and are deceased. A small pulpit is in front of the speaker's table, called the tribune, which is occupied by those who take part in the discussions, and who remain seated while so engaged. On the desk, before each member, is pen, ink, and paper.

It is ten minutes past three. About 60 are present, many of them in advanced years. The Vice President, MACQUART, (an aged man who has lost his teeth and power of distinct articulation,) takes his seat, rings his

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bell and calls for the reading of the minutes. The Secretary, M. GIBERT, reads a sketch of the proceedings of the last meeting. The Perpetual Secretary, M. DUBOIS D'AMIENS, then reads the foregoing domestic correspondence, exhibits instruments or apparatus which may have been sent in, acknowledges the receipt of communications, donations, &c. If there be any communication of importance, he moves the appointment of a Special Committee. If any member has a *morbid specimen* to exhibit, it is presented and commented on at this time. The Academy is now ready for the Reports of Special Committees. M. MALGAIGNE, Chairman of a Committee appointed to report on the *treatment of aneurism by the injection of perchloride of iron*, with a view to the *coagulation of the blood* in the aneurismal sac, *the quantity* to be proportioned to the *size* of the tumor. By injecting too much, violent inflammation might be excited—then, ulceration and the expulsion of the clot. For an aneurism of the size of a pigeon's egg, 4 or 5 drops will suffice, and the injection to be repeated, if, at the end of a certain time, the pulsations have not entirely ceased. Experiments upon horses and sheep had been successful in producing coagulation.

The report occupied about half an hour in reading, and was listened to with great attention. All the cases in which this method had been adopted, were embodied in the report, with the result, that of 11 cases, 4 died, and in the greater part of the rest, symptoms more or less severe, with the necessity of recourse to the ligature. The conclusions of the report were, "That this method is less dangerous in *varices* than in *aneurism*, and that time alone can determine the validity of the cures already attained. That in aneurisms, although the possibility of cure by injections may be placed beyond a doubt, yet the cures have been so few, accompanied by such grave symptoms, and counterbalanced by so great a number of reverses, and even deaths, that in the present state of our knowledge, we think that no prudent surgeon would expose his patient to a mode of treatment so disastrous."

Discussion.—M. MOREAU, in a general way, protested against experimenting upon the human subject. M. ROUX, though agreeing with M. MALGAIGNE in his conclusions, still thought it imprudent to prejudge this method or condemn it; was disposed to adopt JOHN HUNTER'S method as the most complete triumph of surgery. It appeared to M. ROUX, that in popliteal aneurisms, it was desirable to discover some other method than the ligature. M. VELPEAU claimed for ANEL the method by ligature, and not for HUNTER, agreed with M. MALGAIGNE in his conclusion, and objected to PRAVAZ' method on account of the *insolubility of the clot*, which thus became a source of *inflammation*, and acted, when of considerable size, as a foreign body. M. LAUGIER regretted that M. MALGAIGNE had not spoken of the action of perchloride of iron upon varices and erectile tumors, and called attention to the unfortunate results in the experience of Sir WM. LAWRENCE. M. SOULE', (of Bordeaux,) insists upon *two sorts of accidents* produced by this agent; gangrene of the part by the sudden interruption of the circulation, and the perforation of the walls of the sac, in consequence of inflammation or gangrene.

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The hour for adjournment, 5 P. M., having arrived, the discussion was postponed until the next meeting.

SESSION OF 15TH NOVEMBER.—After the reading of minutes and correspondence, M. DE PAUL exhibited a specimen of Extrophy of the Bladder with bifid uterus and other anomalies. The discussion on injections of perchloride of iron was continued by MM. VELPEAU and LE BLANC. M. VELPEAU was unwilling to despair entirely of this method, but hoped that some means would be devised either for using some less irritating solution or modifying the mode of operation. M. LE BLANC, (Veterinary Surgeon) recited experiments made by himself and others, upon animals, and reported a new case of aneurism at the bend of the elbow, treated at Lyons with complete success by Dr. VALETTE. M. LE ROY D'ETOILLES presented a letter on the subject. After the discussion had concluded a new stethoscope was presented by GIROUD, which was referred to by M. PIORRY.

I have thus endeavored to present a succinct sketch of the proceedings of the Academy; its meetings are always full, and even its extra sessions—twice in one week sometimes. M. CHOMEL, remarked to me, "I always wish to attend the meetings of the Academy, and I always endeavor to do so." I should like to go into the history, and give you the present organization of the Academy, but time will not permit. The number of members is limited to one hundred, and the admission is by concours. Several of the members have spoken in high terms of the New York Academy of Medicine, and I know that it is looked to as the organ of the profession in the United States. Would it not be well to send a complete set of all our publications to the Perpetual Secretary, M. DUBOIS D'AMIENS? I shall remain here until the 15th December, and will see that they are presented, if sent by that time per *Franklin*.

Professor BRAINARD, of Chicago, is now experimenting upon animals with another preparation of iron, with a view to preparing a paper on the "Treatment of Aneurisms," to be read before the Academy. He reports several successful cases. The use of chloroform has been very fully discussed in the Medico Chirurgical Society of Paris. [M. ROBERT, Reporter, recommends its use in preference to other anæsthetics, except in certain cases.] The son of M. LEROY D'ETOILLES has just received the prize of 1,000 francs from the Academy.

With great respect, truly yours,

JOHN G. ADAMS.

PROCEEDINGS OF MEDICAL SOCIETIES.

District Medical Society for the County of Burlington.—The annual meeting of the District Medical Society for the county of Burlington, was held at the house of R. S. Humphrey, in Mount Holly, on Tuesday, January 11, 1854.

Members present—Dr. Butler, president; Drs. Stratton, Zachariah

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Read, A. Reid, Coleman, Woolston, A. E. Budd, Trimble, Elwell, Challiss, Martin, Longstreet, Young, Bryan and Gauntt.

The minutes of the last meeting were read amended and adopted.

Dr. S. C. Thornton, Jr., of Moorestown, Dr. George Goodell, of Plattsburg, and Dr. E. R. Denby of Mount Holly were proprosed for membership. Dr. Denby was present, and invited to take a seat in the Society. Dr. S. C. Thornton, Sen., of Moorestown, was also invited to take a seat in the Society.

The preamble and resolutions respecting the collection of fees, which were offered at the last meeting, and laid over for final action at this, were read, discussed, and the second resolution amended so as to read thus.

Resolved, That after the first of January, 1854, the physicians of this county will consider their bills due at the termination of each individual case of sickness, and will present them at that time, or within one month.

Resolved, That the preamble and resolutions be published three times, in each of the newspapers of this county.

On motion, *Resolved*, That the preamble and resolutions be laid before the State Society by our delegates, and that the Secretary furnish them with a copy for that purpose.

Dr. Bryan read a communication before the Society on Apoplexy, with a description of the autopsia, for which the thanks of the Society were returned, and a copy requested for publication.

Dr. Woolston reported some cases of *subcutaneous vaccination*, which had fallen under his notice during the past few years, and which he thought of sufficient importance to demand the attention of the Profession. Dr. W. has contrived an instrument for the purpose of producing this species of vaccination, and he was requested to draw up a statement of his experience, &c., on the subject, with a description of his instrument, for the pages of the REPORTER.

Dr. Coleman read an essay on Hysterical Monomania, for which he was thanked by the Society, and a copy requested for publication in the NEW JERSEY MEDICAL REPORTER.

The President, Dr. Butler, read an able and very interesting address, for which the Society returned their thanks, and requested a copy for publication, and ordered that it should be copied into the Secretary's book.

The following named were duly elected officers of the Society for the ensuing year.

President, Dr. R. H. Page; Vice President, D. B. Trimble; Treasurer, B. H. Stratton; Secretary, F. Gauntt.

Drs. I. P. Coleman, Bryan, Elwell, and Young were elected delegates to the State Medical Society for the ensuing year, with power to fill vacancies or appoint alternates.

Puerperal Fever was proposed as the subject for discussion at the next meeting, and Dr. Z. Read was appointed essayist.

Drs. Longstreet and Bryan were appointed a committee to examine the Treasurer's accounts.

Adjourned to meet at the house of S. B. Campion, on the 2d Tuesday in April next.

10 FRANKLIN GAUNTT, *Sec'y.*

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EDITORIAL.

CHANGE IN THE EDITORSHIP.—REMOVAL.

In consequence of our arrangements, to move to Philadelphia, the name of S. W. Butler, M. D., appears for the first time upon the title page of our present issue, as Editor. In looking forward to this change, the fact of severing our connection with the profession of New Jersey, has, indeed, been marked with feelings of sincere regret. And in relinquishing the editorial charge of the organ of its State Society, we are happy to leave the work in the hands of one, who has proved himself worthy of the confidence and gratitude of the profession, by his unwearied toil as publisher.

As he has succeeded in this department, so far beyond the expectations of the friends of the Reporter, we hope he may excel in the editorship. And while we may continue our interest in the work, as an Associate, we bespeak for the new editor, a hearty support from the profession. We have been engaged in it for the last six years: much of the labor of writing and revision that has fallen to our lot, during that time, has been performed in the houses of patients, where duty has called us, either in the vigils of the night, or in the watching hours of the day, and sometimes in the abodes of poverty, under circumstances the most unfavorable for such pursuits; hence many of the imperfections that are apparent in our contributions. The work, however, though feebly begun and inefficiently executed, has, we trust, been of some service to the medical profession of the State. Its aim has been to do good—if we could believe that it has failed entirely to accomplish its end, we should hardly be willing to say farewell, but would rather take a hasty "French leave."

If it has done no more, it has laid the foundation of New Jersey medical literature, and upon this, there may rise,—we hope there will,—a noble, and enduring superstructure that may adorn the profession, and honor the State. In conclusion we must say, that our relation to the profession of New Jersey, has been in a high degree satisfactory, and beneficial; and our intercourse with its members, pleasing and fraternal. As we shall carry with us to our new home, the fruits of a hard-earned experience in medicine, we shall often look back to the field of our early labors, and enjoy the reflection that in this good old State

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there are hundreds of friends, with whom we have mingled, in our various benevolent, and scientific associations, and that not a shadow of unkindness has been cast upon our fraternal intercourse. With such feelings, we must bid the profession of New Jersey, and our readers everywhere, a hearty, and sincere *fare-well.* We would that in their organizations for self-improvement and the general good, they may act still more nobly in the future, than they have in the past. We would that in their private relations, honest and faithful labor in the chambers of disease, may be rewarded by the unfailing confidence of the people, and our noble profession be exalted to the point to which it is destined, if its votaries prove to be faithful and true.

JOSEPH PARRISH.

SALUTATORY.

THE above announcement from the former editor of this Journal, calls for a few words from the undersigned. Our pen is not equal to the task of describing the feelings with which we indite these remarks. In view of the important and prominent position, which, by an overruling Providence, he is called to occupy, and in comparing it with his past career, and former hopes and aspirations, the subscriber feels that he would be recreant to duty, and unworthy the high trust reposed in him, were he to fail to record here, his sense of gratitude,—first, to the God of his fathers, through whose unmerited goodness, he has thus far been prospered in *all* the labors of his hands,—second, to those friends of his earlier years, who, while he was struggling with poverty, stood by him, and encouraged him in his onward course,—third, to the members of the medical profession, from whom on all sides, he has during his brief professional career, received distinguished marks of consideration,—and lastly, to the public, from whom in the social circle, and in the business walks of life, he has ever received the encouraging smile, and the helping hand.

Promises, the subscriber has none to make. If in his hands the NEW JERSEY MEDICAL REPORTER shall continue to be as worthy the support of the profession, as it has been under the editorial conduct of his predecessor, he will confidently *expect* that support, and in this confidence, he will avail himself of every means to increase its usefulness.

In conclusion, the subscriber congratulates both himself and the readers of the REPORTER, that the services, counsel, and advice of the former editor will be retained, and that in addition to it, he will also have those of HENRY S. PATTERSON, M. D., of Philadelphia, who, though weak in body, from chronic disease, has yet an untrammelled mind, active, and desirous as ever of advancing the interests of a profession he has so long

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loved and honored. His inability to attend to the active, out-door duties of his profession, leaves him at leisure for literary pursuits, and we are glad that his mental energies are enlisted in the cause of the medical periodical literature of our country.

Under such auspices, and with such prospects, the undersigned throws himself upon the profession, assured, from past experience, that full justice will be done him, by all with whom, in his editorial and business relations, he is brought into contact.

S. W. BUTLER.

ASTOR LIBRARY.

THE opening of this magnificent library in the city of New York, on the 9th of January, forms an important era in the history of literature, in our country. The following extract relating to the *Medical* department of the library, is taken from a descriptive letter of its able superintendent, Rev. Dr. Cogswell,—published in the *Home Journal*.

"The number of volumes in the Medical Department of the Library is only 1751. This, as a specialty, is so well provided for in the Hospital, and other medical libraries of the city, it was thought less important to make a full collection of medical books here. It is also a specialty in which there are many books not suited to a general public library. Medical advisers were necessary to aid in making a proper selection, and though often invited, they would not come to the consultation, possibly, because the fee was not tendered. Still, full justice will be done for the department, when it is known what should be done; medical gentlemen have only to say what books are wanting, to be sure of their being provided."

It was in the office of the Rev. Dr. Cogswell, while one of the editors of the "New York Review," that the writer, then a lad, first began to feast his appetite with unsatisfying draughts from the sea of literature. Yet, with all the respect due an old preceptor, we cannot sit silent under the imputations which, in the above extract are cast upon a profession, to which we have devoted our life and energies.

The *excuse* (it is very *far* from being a *reason*,) which he gives, for neglecting the medical department of the library, betrays a want of interest in that department, which is but ill concealed under the ungenerous and sweeping charge he has made against the profession of New York. We are loth to believe that any of our brethren in New York who are worthy of the name of *physicians*, would refuse their advice in so important a matter, simply because *no fee* was tendered; and we think that Dr. Cogswell might have made a more charitable supposition than he did.

At any rate, let our New York brethren come forward, and respond to the invitation given in the closing part of the quotation, by a competent committee from the Academy of Medicine, or from the county Medical Society, and let there be in the Astor Library a collection of medical authorities, worthy of the profession of the metropolis of America.

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SUBCUTANEOUS VACCINATION.

By reference to the proceedings of the District Medical Society for the County of Burlington, it will be seen that Dr. Samuel Woolston of Vincentown has been experimenting in vaccination. By means of an instrument of peculiar construction, in part we believe of his own contrivance, he inserts the vaccine virus under the cutis vera, and the puncture, healing by the first intention, the matter is left entirely beneath the surface of the skin, where the vaccine sore forms, passes through its regular stages, having the appearance of an abscess beneath the surface of the skin, which is ultimately absorbed, and disappears, without any external sore whatever. Whether by this method of vaccination the protection against variola would be more perfect than by the common mode, we are not prepared to say, but should suppose that it would. The symptomatic fever, when the inflammation is at its height, and while the absorption of the pus is going on, is more marked than in the ordinary mode of vaccination. When the operation is performed in this way, the physician will have to furnish the patient with a *certificate of vaccination*, as no cicatrix is left as evidence that it has been performed. We hope that Dr. W. will pursue his investigations, and report his conclusions on the subject.

STATE MEDICAL SOCIETY.

The Medical Society of New Jersey held its eighty-eighth annual meeting at Trenton, on the 24th and 25th ult. The gathering of members of the profession from all parts of the State was respectable, and the proceedings were full of interest.

As, however, the minutes and reports will be published in full, in our next issue, we refrain from further remark in this place.

To our readers generally, we would say, that the proceedings of our State Medical Society, are published as *extra matter*, not encroaching, in the least, on the ordinary size of the Reporter.

THE BIBLIOGRAPHICAL DEPARTMENT

Of this journal, which will be under the special supervision of Dr. Patterson, will receive particular attention.

Having completed arrangements by which we shall get early information of all works on medicine and the collateral sciences, about to be issued from the press, both of this country and Europe, we shall, as occasion requires, furnish our readers with a Record of works in press, which, we believe, will be of advantage to them.

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Our BOOK NOTICES, will, as heretofore, be impartial and comprehensive,—not mere advertisements, but fair and trustworthy exponents of the real worth of the works noticed.

Publishers will forward to the Editor at Burlington, or to our agents as indicated on the title page of cover.

AMERICAN MEDICAL ASSOCIATION.

WE are happy to say that the able historical articles on the history of this Association, the second of which appears in the present number, are receiving the attention they merit. We expect to have the portrait of the second president,—the late Dr. Nathaniel Chapman of Philadelphia,—ready for our next issue.

OUR FOREIGN CORRESPONDENCE.

WE have several correspondents abroad, from whom we expect, from time to time to receive letters of interest to our readers. We present two very interesting letters in this number, from Paris; the first, from our regular correspondent, and the other copied from the pages of the NEW YORK DAILY TIMES. It treats of a subject of sufficient interest for permanent preservation.

From the communication of our regular correspondent it will be seen that *Cholera* is decidedly on the increase in Paris.

WE find ourselves again overcrowded with material. Several pages of matter, besides communications, a part of which was prepared for the last issue must lie over. We shall, if necessary, relieve ourselves, by the addition of extra pages from time to time.

EDITOR'S TABLE.

A Lecture by Jonathan Knight, M. D., Introductory to the Course of Lectures in the Medical Institution of Yale College. Sept. 29, 1853.

In this lecture we notice:—

1. That the Medical Institution of Yale College is the fifth in the U. States as respects age, having commenced its first course of lectures in November 1813. The four schools that preceded it were, one each, in Philadelphia, New York, and Boston, and one at Hanover, N. H. 2. That the first year the session continued from the 1st of Nov. to the 1st of May. Afterwards, for several years, they were five months in length, and were finally reduced to four months as at present. 3. The great length of time the several professors have maintained their connection

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with the school,—with three of them extending to forty years. Only eleven persons have held professorships in the school—but three resignations have taken place, two of them very recently, from advanced age, and but two vacancies have been caused by the death of the incumbents. 4. Nearly one thousand physicians have been introduced into practice from the school, eleven of whom have been appointed professors in other medical schools; two have been selected to take charge of public Lunatic Asylums, and several others have been connected with such institutions; five or six have been appointed medical missionaries in foreign fields, where they have become highly useful and distinguished.

This school has been little, if any, influenced by the reprehensible "tricks of trade," by which we are sorry to say, too many schools endeavor to swell their numbers. Long may it thrive, and occupy an honored place among its fellows!

Seventeenth Annual Report of the Trustees and Superintendant of the Vermont Asylum for the Insane.—"Since the opening of the Asylum 2066 patients have been admitted, 1694 have been discharged, and 372 remain in the Institution, Aug. 1—1853. Of the 1694 who have been discharged, 968 have recovered, equal to 57.14 per cent. Of those placed in the Asylum within six months from the attack nearly nine-tenths having recovered."

"During the past year 510 have enjoyed the benefits of this institution—351 remained, at the commencement of the year, 159 have been admitted, 138 have been discharged, and 372 now remain. Of those discharged 72 have recovered."

The expenditures of the Institution exceeded the receipts by only $1,574,45. We believe this is the first institution of the kind, the inmates of which undertook to edit a paper. The effort was eminently successful, but we do not know whether its publication is continued.

The Medical Chronicle, or Montreal Monthly Journal of Medicine and Surgery. Edited by William Wright, M. D., and D. C. McCallum, M. D., Montreal, 1859, pp. 32. Before us is number 7 of volume 1, of the above work, which is designed to fill the blank occasioned by the failure of the Canada Journal of Medicine, &c. We hope the present effort to *establish* a medical periodical in Montreal will be more successful than the two preceeding ones. The *Chronicle* seems to be worthy of a hearty support. Cannot the editors forward us the six preceding numbers that our volume may be complete?

On the Treatment of Vesico-vaginal Fistula, by S. Marion Sims, M. D., (late of Montgomery, Alabama.) Many of our readers may remember to have seen the paper, of which this a reprint in the Am. Journ. of Med. Sciences for Jan. 1852. The object of the republication seems to be for the purpose of announcing to the profession, that being obliged, on account of ill health, to forsake the South, he has located himself in New York, where he has opened an Infirmary for the special treatment of the accidents of parturition, such as injuries of the bladder, rectum, perineum, &c.

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NECROLOGICAL RECORD.

DIED—in New Orleans, Dec. 1, of Cholera, A. HESTER, M. D., Editor of the N. O. Medical and Surgical Journal.

—— In New York, Dec. 7, THOS. G MOWER, M. D., U. S. A.

—— In Philadelphia, Dec. 15, of Hemorrhage from the lungs, JOHN A. ELKINTON, M. D. Dr. E. had been been an efficient member of the Board of Health, and was, at the time of his decease an Alderman of the city.

—— At Baton Rouge, Louisiana, on the 27th Sept., of Yellow Fever, Dr. JOHN G. LUDLOW, son of Rev. Gabriel Ludlow, of Neshanic, New Jersey.

—— In Templeton, Mass., Dec. 9, MASON SPOONER, M. D., in his 82d year. Dr. S. had, for sixty years been a practitioner of medicine, and was highly respected for his virtues and general attainments.

—— In Dinwiddie Co., Va., Dec. 15—ROBERT E. WALL, M. D., U. S. A.

—— In Boston, Dec. 20—by suicide, JOSIAH E. FLAGG, M. D., a celebrated dentist. His death was said to have been caused by insanity, consequent on the spiritual rapping delusion.

—— In Philadelphia, Jan. 23—R. M. BIRD, M. D., one of the Editors of the North American; a talented man, and vigorous writer.

—— At Tunis, Barbary, Oct. 2, 1853—SAMUEL D. HEAP, M. D., U. S. Consul at that place. Dr. H. was a native of Carlisle, Pa., but has been in government service, first as Surgeon in the Navy, and afterwards in various other offices both at home and abroad, since 1804.

—— In Philadelphia, Jan. 4th, SAMUEL MCCLELLAN, M. D., in the 54th year of his age. (A biographical notice of Dr. McC., will appear in our next.)

THE Seventh Annual Meeting of the American Medical Association, will be held in the city of St. Louis, on Tuesday, May 2d, 1854.

The Secretaries of all societies, and all other bodies entitled to representation in the association, are requested to forward to the undersigned correct lists of their respective delegations, *as soon as they may be appointed;* and it is *earnestly* desired by the committee of arrangements, that the appointments be made at as early a period as possible.

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number. The faculty of every regularly constituted Medical College, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution, of good standing, shall have the privilege of sending one delegate.

"Delegates representing the medical staffs of the United States' Army and Navy, shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed, shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause in relation to delegates from the army and navy, was adopted as an amendment to the constitution, at the last annual meeting of the association, held in New York, in May, 1853.

E. S. LEMOINE,
One of the Secretaries, St. Louis.

The medical press of the U. States is respectfully requested to copy the foregoing.

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THE

NEW JERSEY MEDICAL REPORTER.

VOL. VII. MARCH, 1854. NO. III.

Thoughts on retention of the Placenta from irregular Uterine Contraction.

By WILLIAM JOHNSON, M. D.

THE placenta may be retained in utero from inertia of the organ, or from adhesion between it and the uterus, or from irregular contraction. It is to the last of these causes that I would at present direct attention. Irregular uterine contraction may manifest itself in a variety of ways. One of its most frequent forms is that in which the longitudinal muscular fibres of the organ are inactive, whilst the circular fibres are acting vigorously, thus compressing the placenta into an oblong shape; and this form of abnormal contraction, is frequently complicated by fasciculi of muscular fibres contracting upon a portion of the placenta, so as to produce a cornu, effectually preventing the expulsion of this body. Another form of irregular contraction is that of the sugar loaf; fasciculi of muscular fibres contract upon the placenta so as to give the uterus this shape. Another, but less frequent form of irregular uterine contraction, is found in the hour-glass uterus. Obstetrical practitioners engaged in large business, have not very frequently observed this variety. Ramsbotham, whose opportunities for observation were as great as almost any other practitioner, says, that of the many cases of retained placenta which he has been called upon to remove, he has met with but three or four cases of complete hour-glass contraction. It has been my hap, although engaged in a much smaller practice, to have encountered as many as this number. By hour-glass uterus, is to be understood that form of irregular contraction in which the organ is divided into two compartments by the firm contraction of a band of circular fibres about its middle. Burns confounds this with all the other varieties, and makes it a circumstance of frequent occurrence. Another form of irregular contraction is the globular; the placenta becomes encysted by the strong contractions of the circular fibres of the cervix uteri. Several other forms of irregular con-

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traction of the uterus might be mentioned, but the foregoing subserve my purpose. In all these ways the placenta is imprisoned in the uterus, and nothing but the interference of art can liberate it.

Every such case proves a source of vexation, both to the accoucheur and to the patient. The latter has her raised expectations sadly disappointed, and her cup filled with delight, in the realization of being a mother, is dashed from her lips; and the former feels a kind of repugnance to the adoption of the *only means* of removing the difficulty, viz: the introduction of the hand, dilatation of the stricture, and the removal of the placenta.

The supervention of this accident may always be suspected, when, after the expulsion of the child, we find unusual difficulty in reaching the placenta with the finger, and at the same time feel the womb firmly contracted, by the hand placed on the abdomen of the patient; and especially if with these circumstances, there be too profuse discharge. Although this assemblage of symptoms may excite strong suspicions of encysted placenta, we cannot determine with certainty, the real condition of the case, until we have introduced the hand in utero; and where there is much hemorrhage with these manifestations, the hand should always be introduced, and the difficulty ascertained. If stricture be found to exist, it should be carefully dilated, and the placenta be removed, according to directions inculcated by all obstetrical writers.

The inquiry here naturally suggests itself—How long shall we wait before resorting to manual interference? Burns says, that we should in no case delay the removal of the placenta longer than two hours, and Ramsbotham, longer than an hour and a half. Now all such limitations are arbitrary, and sometimes very injudicious. The reasons for manual interference may be as valid after the lapse of half an hour, as at a later period. In my own practice I never exceed one hour. If the placenta be not expelled in one hour, it is absolutely uncertain when it will be expelled, or whether it will be expelled at all by unaided effort. The introduction of the hand for the delivery of the afterbirth, is more readily effected, gives less pain, and consequently is safer, within the first hour after the delivery of the child, than after a later period. It is a principle upon which I have always acted, never to leave my patient's bed-side until she be delivered of the placenta. I have been called upon in many instances, in the practice of midwives, and often in that of regular practitioners, to deliver the placenta after the lapse of twelve or fourteen hours, but the operation is much more painful to the patient, and difficult to the operator. I have never in a single instance put the patient

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to bed, with a retained placenta. I have known several instances where it has been done, but they all but one proved fatal. That one was the wife of a medical man, and the placenta came away within twenty-four hours. A patient of this same practitioner did not fare so well; the placenta was left, and death ensued in a few days. In another instance, in the practice of another accoucheur, the patient was put to bed, with the placenta unremoved, and the reason assigned by the doctor for such conduct was, that she had already flooded so much, that he was fearful she would die in his hands, if he attempted its removal! She did not die from hemorrhage, but she died shortly after from irritative fever. I have called up these reminiscences of by-gone days, only to point out the rock on which others have split. The practitioners have both deceased, and no one's feelings can be wounded by this recital.

In almost every instance of retained placenta, from irregular uterine contraction, the introduction of the hand is the only means worthy of dependence. Opium and ergot have both been proposed as remedial agents; in neither of them have I the least confidence. In fact, I have seen positive ill effects from the ergot. I have administered it a number of times for the expulsion of the placenta, but have always been disappointed with its action.

We have now decided upon the necessity of the introduction of the hand into the womb, for the removal of the placenta; the next point to settle, is the position of the patient. Ramsbotham advises, that she remain in the position in which she has been delivered, namely on the left side, and that the left hand of the operator be used in removing the placenta. I respectfully dissent from this precept. The position in which I invariably place my patient, for all obstetrical operations, is that advised by Baudeloque, in instrumental labor, viz: on the back, with her breech resting on the railing of the bed, her legs separated, flexed, and resting in the laps of assistants sitting before her. In the case under consideration, as instruments are not to be employed, I have the patient's head and shoulders, and trunk, raised to an angle of forty-five degrees, by a chair turned over on its forepart and covered with pillows, and placed under her. This is the position in which I deliver ninety per cent of all my obstetrical patients. In making this declaration, I am aware that I may incur the animadversion of my professional brethren. Be it so. I could offer many arguments in its favor, but this is not the place for its discussion. But certainly in the present instance, this position is to be preferred to all others. The right hand can be used by the operator for entering the womb, whilst the left hand fixes the uterus in

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situ. In fact, all manipulation on the uterus through the abdominal parietes, are more conveniently performed, when the patients are placed in this position, than in any other.

The operator having taken off his coat, rolled up his shirt sleeves, and anointed his hand and forearm with some unctuous substance, as hog's lard, sweet oil, &c., places himself with his chair between the patient's legs, and introduces his hand in a state of supination, with the thumb placed close in the palm, and his fingers forming a cone, with a gentle semi-rotary motion, until he has entered the vagina; he then passes his hand into the uterus, until he comes in contact with the stricture; the cone formed by his fingers, is to be pushed steadily against the opening until it yields, and the hand penetrates it. The whole hand is then to be passed over every point of contact between the placenta and uterus. If adhesions be formed, they are to be destroyed; if a cornu be found, it is to be entered, dilated, and the placenta disenthralled. The whole mass is now to be gathered as it were into the palm of the hand, and withdrawn from the uterus; it sometimes however happens, that at this stage of the operation, the uterus is stimulated to such energetic action, as to expel both the hand and placenta. But sometimes a very unexpected difficulty is to be encountered. It has happened to others, and was once a source of very great embarrassment to myself, that where the stricture has been an hour-glass contraction, that in attempting to withdraw the placenta from the upper chamber, the stricture has returned and firmly embraced the wrist, completely preventing the withdrawal of the hand with the placenta. Now, if the operator let go his hold on the placenta, and withdraw his hand, for the purpose of dilating the stricture again, the same difficulty will again be produced, in another attempt to extract it. But by placing the thumb firmly in the palm of the hand, and with it grasping a portion of the placenta, the whole may easily be removed, and the stricture effectually dilated by the wedge which this manœuvre brings to act on it. I do not recollect seeing this manipulation noticed by any obstetrical writer except Dewees, but I remember encountering such a case, and the source of embarrassment it was to me, years before I saw Dr. Dewees's work. I had penetrated the stricture, detached the placenta, and was removing it, when I found that the stricture had returned and was firmly embracing my wrist. After some reflection, with my hand still in the upper chamber of the hour-glass, I came to the adoption of the method just stated, and removed the placenta. This may seem a small affair; but to one who may have had to encounter this difficulty, I think that there is no danger of its ever being forgotten. In

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every instance where the placenta has been removed by the hand, from the uterus, let it be carefully examined whether any part have been disrupted, and if such have been the case, the hand must again be introduced, and the disrupted portion be removed.

In all these operations, I would advert to one principle as paramount, viz: *always to support the fundus uteri with your own hand placed on the abdomen of the mother, and never to trust this part of the operation to the hand of an assistant,* whilst the other hand is made to penetrate into the uterine cavity. Disruption of the connection between the vagina and uterus, might result from the neglect of this caution. This direction is easily observed, if the patient be lying on her back. In all these cases as well as in those of the most natural deliverance, ascertain afterwards the degree of contraction of the uterus, by the hand placed on the abdomen, but in almost all these cases of artificial deliverance, the womb will be found to be firmly contracted.

I have been more diffuse than I had proposed at the commencement of this essay, and perhaps what I have written is but the echo of obstetrical writers. I have not yet adverted to the principal object I had in view at the commencement, viz:—to investigate the probable causes of these abnormal affections.

On these points there is much discrepancy of opinion, I would therefore approach the subject with diffidence, but truth suffers nothing by agitation. The most elaborate speculations however, on mooted points, dwindle into insignificance unless established on facts. The dogmas of the learned are often received with too much credence, and their teachings acted upon without questioning their validity; position invests error with authority. It is not my wish, however, to be censorious, or to detract from the claims of well earned merit, but simply to arrive at truth. The opinions which I am about to contend for, I know are at variance with those of the most eminent obstetricians, particularly with those of Burns and Ramsbotham; names which are as household words in the republic of medicine.

When I first entered on the practice of midwifery, I took the elder Baudeloque as my guide. I looked upon his systen of midwifery as the most perfect we then possessed. No obstetrical writer previous to him had manifested such a thorough acquaintance with his subject, and none had brought so much erudition to bear upon it. My whole obstetrical course was for years influenced by the teachings of that truly great man. Among the precepts which he inculcated, was that of danger of atony of the uterus from the too sudden emptying of that organ; thus leaving

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patulous the uterine sinuses, and subjecting the patient to frightful hemorrhage. In his chapter on the action of the uterus, he depicts in the strongest colors the danger of atony of that organ; and it was an apprehension of that danger, that deterred me from pursuing one of his directions with respect to the delivery of the child; a direction which I now consider orthodox and based upon sound obstetrical principles. It was this—to assist the expulsive efforts of the uterus, by traction on the child as soon as the shoulders have arrived at the vulva. I was prejudiced against this interference as I observed before by Baudeloque's own writings, and this prejudice was strengthened by the general precepts of Denman, Bard and Burns; particularly by the latter. To his (Burns') monograph on Uterine Hemorrhage, he has appended a chapter on the management of the placenta. In that chapter he insists upon the importance of preventing the sudden expulsion of the child from the uterus; and where that event is threatened he directs prevention of it by pressure on the child. He advises this course, not so much with a view of preventing hemorrhage, as that of preventing irregular contraction of the uterus. His reasons seemed valid, and his precept worthy of confidence, and for years I implicitly followed it. It struck me too, that by retarding the birth of the child, when it threatened to be rapid, by a hand placed on its head or shoulder, it would compel the uterus, to throw it off so gradually, as to bring about perfect contraction of the organ, and thus close its patulous vessels—hemorrhage and irregular contraction being both thus prevented.

A more enlarged experience convinced me that both Baudeloque and Burns were in error. The former had exaggerated the danger of atony of the uterus by the rapid expulsion of the child. I found that where the action of the womb was sufficiently energetic, to throw out the child, as it were at a pain, it did not *often* cease with that effort, but continued to contract upon the placenta. I was also convinced that Burns' precept was unsound, as will appear in the sequel.

In the early periods of my practice whilst I compelled the uterus, as it were, to expel the child gradually and by its own unaided efforts, even retarding its expulsion when it threatened to be rapid, I had very frequently to encounter irregular contraction on the placenta, rendering manual interference necessary for its removal. The most frequent form of irregular contraction which I met with, was that noticed at the commencement of this essay. This form of irregular contraction, I believe was very frequently produced by suffering the too gradual expulsion of the child from the uterus; especially by suffering the feet and legs to be

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expelled by uterine effort. The longitudinal fibres of the uterus by this means were kept quiescent, and the circular fibres alone permitted to act. *Here was the first link in the chain of perverted action; and how soon perverted action becomes persistent,* every observant man must have witnessed. *The perverted action which was excited by the detention of the child's feet and legs in utero, is continued upon the placenta, and instead of that body being expelled, it is firmly detained.* Thus the precept of Burns, viz:—To compel the gradual expulsion of the legs and feet of the child, in order to prevent irregular uterine contraction, leads to the very production of the accident. On this point careful observation has made me confident.

I do not pretend to originality in the views which I have taken of the causes of retained placenta, from irregular uterine contraction. About twenty-five years since, I read with much interest and profit, a very elaborate and most judicious essay upon the "safe delivery of the placenta," by Samuel Jackson, M. D., of Northumberland, and now of Philadelphia, published in the "American Journal of the Medical Sciences." From a few hints in that excellent essay, I was led to much thinking on this subject, and from thinking to acting. My views of the causes of irregular uterine contraction, are now the very opposite of those which I formerly entertained, and my practice founded on such views, is also very different. Instead of retarding in any degree the expulsion of the child, when it threatens to be effected too rapidly, I suffer it to pass without any apprehension of uterine inertia from this cause. I not only do this, but I now never suffer the legs of the child to be expelled alone by uterine effort, but always remove them as soon as the hips have passed the vulva, by traction on the child. *But I always endeavor to accomplish this before the uterine effort has expended itself.* If the pain which has expelled the shoulders of the child, has not expended more than half its force, I I make it complete the delivery by traction on the child. In fine my practice now is, that the feet and legs of the child never be expelled by unaided effort, and never if possible with an expiring pain.

As the result of this practice I must state, that whereas irregular uterine contraction, was a frequent occurrence, whilst following the directions of Burns, it is now comparatively a rare one. I think that I may safely say, that where I now encounter one case of irregular contraction, I formerly had six or eight, and perhaps I might make the ratio much higher. I have kept no statistics, but think that I can safely trust to my reminiscences of practice. I have given the result of more than forty years experience. For eighteen years I followed the directions of Burns,

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viz: making the uterus expel the legs and feet of the child, in order to prevent irregular uterine contraction. For the last twenty-four or twenty-five years, I have pursued a directly opposite practice, and I have given the results. The subject is an important one, and if my remarks direct attention to it my labour has not been thrown away.

I think that I have demonstrated one of the most frequent of the causes of irregular contraction. I do not say that it is the sole cause. The high authority of Ramsbotham makes the sudden emptying of the uterus a cause of irregular contraction. If it be so at all, it will in all probability be that of the globular form of contraction. I cannot myself conceive of any other form from this cause. I have witnessed this form of irregular contraction, where the womb has been suddenly emptied, but was not satisfied of the validity of this cause. For how seldom do we witness the supervention of this accident from the sudden emptying of the womb!

Among the causes of this affection, I think that I may set down, from personal observation, that of the ergot. When the uterus has been too early urged by this drug to energetic action, and the child be not expelled until the organ become fatigued, its actions are then irregular, and if the child be expelled when the uterine effort be expiring, such a result may happen. I think that I have frequently witnessed this.

Does not the presence of the hand in utero *sometimes* produce irregular contraction? I will answer the question by the brief relation of a case. Some years since, I had a case of retained placenta, with much hemorrhage. There was remarkable inertia of the uterus. The hand passed up to the fundus without exciting the slightest contraction. By and by I felt the womb contracting before my fingers into a cornu on the left side; I entered it and liberated the portion of placenta, and continued to pass my hand between the placenta and uterus on the right side, and the same impression was again given to the fingers; another cornu was formed, and it was also entered and the placenta liberated. The uterus was now aroused to general action, and the placenta and hand expelled. The impression was produced in my mind, whilst the hand was in utero, that this irregular contraction was produced by my fingers. If this were not the case and cornua previously existed; contraction was certainly produced whilst my fingers were in contact with those parts. The contraction was sensibly felt here, whilst the body of the organ was torpid. It is a solitary case. I have never been sensible of such irregular contraction since, although I have so repeatedly passed my hand, both into the empty and loaded uterus.

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To sum up what I have advanced on this subject—

1st. Far the most frequent of all the causes of irregular uterine contraction, is that of the *gradual and unaided expulsion of the legs and feet of the child.*

2d. *The too early exhibition of the ergot in labour.*

3d. *The too sudden emptying of the uterus.* Deference to the highest obstetrical authority compels me to admit this among the causes of irregular contraction; at the same time I must candidly confess, that although I have witnessed irregular contraction where the uterus has been suddenly emptied, I looked upon it more as a mere coincidence than as a cause.

4th. *The presence of the hand in utero under a state of unusual inertia of that organ.*

WHITE HOUSE, *February*, 1854.

Gangrenous Erysipelas. By W. MORTIMER BROWN, M. D.

THERE are few forms of disease in which the benefit of remedial measures is more conspicuous, than in erysipelatous inflammation; yet occasionally we meet with cases in which the disease marches forward to a fatal termination, as little checked or changed by all the means that art and science can bring to bear upon it, as cyanosis or fungus hæmatodes.

Acute Erysipelas, characterized by sharp stinging heat, and shining redness of the skin, disappearing on pressure, but immediately returning, with much febrile excitement of the general system, preceded often by one or more chills, is the form most usually met with, and is often connected with, if not dependent on a diseased state of the liver, stomach, or some other of the internal organs, the detection and removal of which, forms the first and often the only step in the treatment; the secondary subsiding as the primary disappears. Where this is not the case, bloodletting and the free use of cathartics, with a general antiphlogistic regimen and the local application of blisters, nitrate of silver or mercurial ointment, have with me proved almost invariably successful.

This last, though by many writers considered useless or injurious, has in my experience been of great value, and where it has been used in the same case with other applications, the more rapid improvement under its use has generally been visible in a very short time. In cases where both sides of the face, or both arms were affected, I have directed the ointment to be used on one side, and other applications on the other, and so sensible has been the difference, that in many instances the patient

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would insist on using no application but the ointment. I was led to make the trial from a suggestion of Dr. Dewees, and have seldom been disappointed in looking for a favorable result, though I have not found it necessary to push its use to such an extent as to induce salivation in any instance.

When the disease is seated in the throat, and is attended with œdema of the glottis it is very intractable. Though the attack may seem mild, and the sympathy of the general system slight at first, labored respiration soon comes on, the fever settles into the typhoid type, and all efforts to arrest the onward progress of the disease seem vain, though tonics, general and local, have been used with an unsparing hand, as soon as the change of type seemed to call for their use. Whether a tonic treatment from the commencement would be more successful I am unable to say, depletives local and general having usually been employed for a few days during the stage of excitement.

Observation in the wards of a public hospital, early brought to my notice that form of sloughing erysipelas, known as hospital gangrene, spreading with rapid strides from bed to bed, and sweeping away at a stroke, the fondest hopes of the Surgeon in the success of an operation, and bringing to a fatal termination incisions the most trifling, or leaving tedious sores or unsightly stumps where early union and serviceable extremities were confidently looked for; but in private practice this is rarely met with, and seldom exhibits the same degree of virulence. The following case seems, however, sufficiently obstinate, and was marked with some unusual features worthy of a passing notice.

M. S. Age about 40,—full, robust habit. June 1st, found the forehead and right eyelids affected with erysipelatous inflammation—the upper eyelid much swollen and very hard, the conjunctiva much congested, and a spot in the centre of the forehead, nearly an inch in diameter, black and hard like leather. The globe of the eye seemed unaffected, and vision was perfect when the lids were separated, so as to permit the light to reach the eye. Pain greatest in the forehead; little sensibility to pressure; pulse 100, full; slight white coat on tongue; bowels costive; good appetite; thirsty; had been sick about a week; had been leeched a few days ago without relief—ordered magnesia and salts taken until the bowels should be freely moved; a solution of cream of tartar to be used as a drink; sulph. zinc dissolved in rose water, to be applied to the eye, and at night a cold poultice of ground slippery elm. On the 6th, no improvement taking place, but the inflammation extending, mercurial ointment was ordered to the inflamed surface, and the conjunctiva was freely

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scarified. On the 8th the cold poultice at night was omitted, solution of nitrate of silver applied in place of mercurial ointment, and 5 grs. of blue pill given every night until the 13th, when symptoms of ptyalism appearing, it was omitted. 16th. A black spot appeared over the eyebrow. 18th. Ulceration commenced on the upper eyelid. Sleepless. Ordered 5grs. nitrate of potash and 3grs. Dover's powder every four hours. 27th. Ulceration spreading—vision lost in right eye; pulse 110, feeble; appetite failing—ordered 9grs. sulph. quinine during the day. 30th. Worse. Ordered sulphate of iron gr. ii, three times a day, chlorate of potash gr.vj, every two hours, and wash ulcer with solution of sulphate of iron. Continue nitrate of silver.

July 1st. The solution of sulph. of iron was increased to xii grs. to the ounce, and 20 drops of muriated tinct. of iron given every two hours. 2d. A poultice of ground flaxseed, with prepared charcoal, was applied to the ulcer, and the next day cod-liver oil substituted, but both seemed to increase the irritation, and were omitted. The oil, however, was continued internally. From the 6th to the 13th, quinine and carbonate of ammonia were given in large doses without restraining the onward progress of the disease. 13th. Abundant discharge of fœtid purulent matter—upper eyelid nearly gone—no appetite—trembling—delirious—pulse 100, weak. White slimy coat on tongue, with dark streaks—diarrhœa. Solution of iodine was ordered to be applied alternately with muriated tincture of iron. Iron was also taken internally in full doses.

At this point there seemed a change for the better. A solution of chloride of lime was used to correct the fœtor, Dover's powder was given occasionally to procure a little sleep, catechu to restrain the diarrhœa, and elixir of vitriol, quinine and beef tea, to build up the system, and apparently with effect, as all the symptoms improved, the black sloughs separated, healthy granulations sprung up, the pain gradually subsided, the pulse became stronger, the bowels regular, the appetite good, and on the 23d the prospect seemed favorable for recovery, when suddenly the strength began to fail, all the unfavorable symptoms returned, constant delirium, then coma ensued, and death closed the scene in about a week.

Several of my professional brethren saw the case with me, and have given me the benefit of their suggestions, and from the failure of the means first made use of, we felt inclined to give a thorough trial to the preparation of iron, so highly recommended by John and Sir Charles Bell, in erysipelas, but, as we have seen, in vain.

From the failure of the tonics in this case to arrest the disease, and from its resemblance to *noli me tangere*, I should be inclined to make a

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trial of arsenic if a similar one should present itself. But the case is of rare occurrence in private practice, and is not a common one even in hospitals.

I have seen cases where the skin looked as black as if a heavy blow had been inflicted, but in other respects there was little resemblance to the above case, and the treatment pointed out in the first part of this article has usually given speedy relief.

NEWARK, N. J. *February*, 1854.

"THE CHANGE OF LIFE," *in Women; with remarks on the periods usually called "Critical."*

BY JOSEPH PARRISH, M. D.

NUMBER III.

Power of Female System—Evidence of it, in Sympathy, Conception, Growth of Embryo, Cessation of Menses, Lactation,—Power hidden,—Moral and Mental Changes.

IN the changes to which reference has been made, there is an allusion to the power, or capacity of the female system. The power exercised by the generative organs, upon other parts of the body, and the reciprocal influence or control, felt by these organs, from other parts. Leaving for the present, the question of diseased action, we may consider these congregate systems, in their normal dependencies on each other.

Power is a significant word. It implies the exercise of some inherent force. If that force is latent, its exhibition proves the power of development. It is active—it is the *vis a tergo* through which the life force speaks in the progressive existence of the being. Without it, there can be no growth. The wheels of life cannot move in their circle of organic structures. The machinery by which the productions of the animal are evolved, must of necessity be arrested; and certainly, as the wise man has said, will "the pitcher be broken at the fountain." Death is the result of a want of power, whether it be from disease, or the natural wearing out of the thread of life. This suggests the idea of the *limited* nature of this motive power: limited, because the life of the animal is itself confined within certain bounds; and if it be limited, it may be modified. It may be excessive in its manifestations at one particular part of the body; or other, and distant influences may take from it, a portion of the energy allotted to that part, by which it must necessarily suffer.

Now in the change of girlhood, called menstruation, there is not only strong evidence of this power, but of its action through sympathy.

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The uterine system, being the great central characteristic of female life, around which moves the circle of all the mental, moral, and physical phenomena, peculiar to this stage of existence, the flow may be affected through either of these media, both as to the time of its appearance, and its character. For example—if the mind should be overtaxed, and the vital force summoned to the support of the mental effort, to a degree beyond its share, the uterine supply may be measurably withheld, and the production which should result from a fair and equable working of the machinery, may not be evolved. The law of sympathy, in full force, in such a case, between the mind, which maintains its supremacy, and the struggling uterus, the latter is robbed of its proportion of vital energy, and the whole system, thus disturbed in its sympathies, and relations, gives evidence of disorder in some form. Again, a fright, or any strong emotion, may react upon the uterine organs, and produce an excessive flow of the menses. And yet again—a physical injury, or shock, as a sudden fall, or fatiguing exercise, may, by a reflex movement, contribute to the hasty, if not premature developement of the uterine flow, by the operation of the same immutable principle.

The uterus, that has been dormant for years, and is now aroused, producing a new fluid, by which its capacity may be known and measured, possesses the power of conception. In this function likewise, it demands the sympathies of the entire being, of which it forms a part. The mental, moral, and physical attributes of that being are exercised in all its performances. The impressions that fasten themselves upon the mind, the moral emotions which spring up simultaneously in the heart, and the physical changes that occur, all bear an interesting, and important relation to each other, and each contributes its portion, to maintain the uterus in its office. The new organ and its appendages, are all alike concerned. The uterus itself—its tubes—its ovaries—its vagina—each has a share in the *change.* The absence or inability of either, will impair, or destroy, the perfection, and harmony of the arrangement, and the uses it is intended to serve. There is likewise power to *mature* a living being. The generative apparatus developed now, and in the fulfillment of a natural law, is still undergoing *change.* Menstruation and conception have already occurred. The speck that forms the embryo, must grow out of its embryonic state, and assume its fœtal life. The fœtus in utero must develope its proportions in due season, and then become a living being in the world of life without. The changes in size, shape, &c., of the embryo, and fœtus, are marked by corresponding changes in the habits, feelings, and tastes of the mother, all of which are striking, but too fre-

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quently unregarded, if not unobserved. Mark them—The uterus from a passive organ, some two inches in length, gradually enlarges, rises out of the pelvis, extends upwards towards the chest, and widens laterally, till it occupies nearly the entire abdomen. In texture it is also altered. From an apparently solid mass of muscle, divided by a single fissure, it is stretched into a thin texture, till distinct fibres are seen extending in various directions, and the internal cavity, instead of being a thread-like cleft in the substance of the organ, becomes the residence of a living being, of human form, and dimensions. The Fallopian tubes are pressed aside; the ovaries crowded out of their place; the vagina laden with a heavy weight, and often enormously congested, the bladder flattened, and the intestines greatly compressed. For six months at least, this state of things is experienced in a greater or less degree, until the time of parturition comes, when, by the sudden removal of the contents of the womb, it collapses into its former state; not however by a gradual decline, but by the most heroic throes of nature, in the exhibition of tremendous power. And with its return, its appendages follow, and take their wonted places, the viscera are replaced, and the whole organism again restored.

Let us not overlook the fact, that with the occurrence of conception, the menses cease to flow, and that with the close of pregnancy, lactation commences. Cessation of the menses at the occurrence of gestation, is a natural and legitimate consequence. It may be true, that there are exceptions to this rule, but the rule is still the same. And it is an obviously wise one. The womb, when menstruating, performs a function widely different from what it is called to, in the process of gestation, and it may not exert two opposing forces at the same time. Lactation has likewise its separate design,—a design affecting not merely the child, that is to be nourished at the maternal fountain, but one adapted to protect the constitution of the mother. The breasts, in furnishing a supply of nutriment, allow the womb, to which they are allied by a near sympathetic relation, to rest, perhaps for a whole year, during which time the female is saved the toils, and trials of the pregnant condition. All this is natural. The vast changes that have been described, as occuring during the long period of utero-gestation, from the time of its commencement to its close, are all in obedience to the law of life—all natural; and the physician does not interfere to arrest, or scarcely to modify them. Take for example the "morning sickness," that passes like a a wave through the whole economy, disturbing the repose of almost every organ, and for three consecutive months, subjects its victim to harrassing

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discomforts, that no medicine can relieve. The vomiting, and general distress, dependent upon this condition of the system, is not disease, unless pregnancy is disease. It is a symptom of gestation, and if there be no departure from health in the cause, the symptom cannot be morbid. The experience of the profession everywhere, and in all times, corroborates this view of the subject. As far back as the days of Hippocrates, the illustrious Father of medicine declared*—"If the catamenia are suppressed, without being followed by rigor or fever, *but by disinclination for food*, pregnancy may be suspected." Who then would treat the vomiting of pregnancy as gastritis? Or who would subject his patient, under such circumstances, to a "course of mercury," for example, as he might be disposed to do, if pregnancy did not exist? As a general rule, no treatment is required in the pregnant condition, if the patient will but observe ordinary hygienic rules. So when the period is at an end, and the child is born, but little medication, if any, is necessary, unless disease may interfere, and demand professional aid.

In all these changes, striking and wonderful as they are, nature is the kind Physician, who counsels, and whose gentle hand directs the power, that accomplishes them all. We cannot estimate their extent, because they are performed in silence and obscurity. As the hidden seed in the bosom of the soil, that shoots forth, and grows, and becomes the widespread shelter, and the prolific bearer of goodly fruit, performs all its wonderful changes in unobserved stillness, moved by a concealed vitality, that no art can supply—so do the "changes in the life of women," that are connected with the uterine system, go on in the mysterious chambers of her own organism. The hidden uterus, aroused from its long lethargy, grows, and developes the whole being, first, giving evidence of its power to execute the command to "Be fruitful and multiply," and then by the same inherent *vis vitale*, spreading out, and affording shelter for a living being, and bearing it into the world.

With all these physical changes and developments, we should not overlook the differences in moral and mental character. The change in these respects occurring at mature girlhood, have already been noticed; but as those presented during the course of utero gestation, too often escape observation, perhaps some of them may be recalled here. The morbid temperament, often irritable, and exceedingly sensitive, and it may be desponding; and the seemingly disordered, and even loathsome appetite, in the early months of the pregnant female, must be familiar

* Aphorisms of Hippoc. sec. v. ¶. lxi.

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to the careful observer. With the "disinclination for food," or the unnatural appetite, and the distressing sickness, it would seem reasonable to anticipate a sensitive temper, a dispositisn for retirement, even from the fondest friends, and a morbid feasting of the mind on imaginary ills, and delusive fears. But when we can realize these exhibitions of character, as the result of uterine disturbance acting sympathetically upon the brain, we shall reach a physiological fact, that may serve us an important purpose, in other manifestations of *change* that may occur in the uterine function. It is not urged that these peculiar displays of physical phenomena are universal, but that they, or some kindred exhibitions of perverted taste both mental and physical, are exceedingly common, no one will attempt to deny. Take a lady for example, of refined and amiable disposition, who during the first few months of pregnancy, shows a character just the reverse of her accustomed habit; and it cannot be satisfactorily accounted for, in any other way. She is dissatisfied with herself, mortified, and grieved, and yet she cannot control her feelings and desires. They are indications of a state of the system, at once peculiar, and astonishing; indications that point to a series of connecting influences between the thinking, and the generative powers, that shows them to be intimately associated.

Now if they be so closely related, and the uterus may produce such marked changes in the mental character, why not the brain react upon the womb, and create a corresponding diversity of effects? For the time comes in the history of female life, when the mind acts with mature vigor, and the generative organs decline.

Let us explain. The changes in the uterus connected with conception and its immediate results, are independent of mind. They occur when exposed to the natural stimulus, whether the will of the individual concurs, or not. The mind may oppose, and yet the cell that is lodged in the womb, shall grow out of its own life, into its embryo state, and then onward to its fœtal existence. But not so in the dreaded "change of life," occurring in more advanced years. When the uterus will have lived out its term of active service, return to its first estate, and become again a passive organ; the mind will have just grown up to its full proportions, and be capable of acting with a corresponding power. It is therefore suggested, that if the individual be taught to anticipate this change, with cheerful expectations, many of the ills now attendant upon it, may be avoided.

Let us enquire what they are.

TO BE CONTINUED.

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CORRESPONDENCE.

Physicians' League.

FEBRUARY, 9, 1854.

S. W. BUTLER, M. D.—The perusal of your address, read before the District Medical Society of Burlington County, reminded me of a cherished idea tending to the pecuniary advancement of the profession. Your plan of bringing the members of the profession often together in harmonious evening meetings, to compare notes, encourage, advise, and counsel each with the other for the benefit of the whole and the public—would have the happiest effect to elevate the profession in the estimation of the more intelligent portion of the community. They would feel that here was a consultation for the common good, and not at their expense. Hence would we receive and enjoy some return in cherished good feeling for the vast amount of labor that we must of necessity do for nothing. Then, instead of each practitioner watching his brother with an envious or a jealous eye,—lest by some chance he may be called to visit his patient—each would freely present any and every case of interest that might occur in practice, would freely declare his treatment, and ask the suggestion of any change, or addition that might promise any melioration of persistent bad symptoms in a given case. If perchance one of the circle has met a case which yielded to some new composition, or new medicine as to a charm, he would, for the benefit of the whole and the public weal, detail minutely all the symptoms, promulge the composition, and encourage all the rest in any such case, to give the medicine a trial and report the results. Herein is the benefit of such frequent *re-unions*.

"Re-unions" did I say? Yes, indeed such a spectacle in *our* county would in truth be a *re-union*. For, in the minds of most of the practitioners in this county there seems to have grown—and the stronger as age lays its silvery fibres among the raven locks—an idea that because employed for a time, to them are sold bodies (and souls almost) of every such family. Consequently, any new comer is looked upon as an intruder upon vested rights. And if the unoffending man who answers to the best of his ability the call of one of these fee simple patients, is foolish enough to join in the quarrel, a three cornered fight most readily ensues. To all such practitioners, morbidly sensitive as they are, I would propose the formation of district medical societies, or social medical circles—in fact a re-union after the plan suggested in your valuable address. If not this, let them avail themselves of the facilities now offered at the Patent Department and have the rights and interests they have acquired in their

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patients patented, and then the strong arm of the law will control the public opinion.

The obligation of patient to physician is measurably cancelled when the bill is paid. The recent action of your society directing the presentation of bills at the expiration of the periods of sickness, is *good*, and would lead very much to favor the harmonious gathering so much desired. For the older physicians who can live without calling frequently for settlements, often use the pecuniary obligation of families as a lever power to retain their business. It is the more effectual in communities where money is less plenty, and the old system of trade and barter has not been outlawed by the cash system.

But still another bond of union may be formed in what I have used at the head of this communication, and named the Physician's League. The experience of every younger practitioner of medicine has taught him, that the readiest to employ him are those who never pay any physician. They patronize each in turn, till each wants pay, then a new one is sought out. Such patronage every young doctor has, until he is almost patronized to starvation. The League I would propose—pre-supposing the re-union already advocated—is, that each practitioner should collect as promptly as possible, and report to his circle all such as refuse to pay, and those who are able and yet unwilling to pay, should be marked by all the rest, and their patronage respectfully declined till the indebtedness is cancelled—this would result in good to all. Such a plan was once adopted by a district society in your State, but owing to some jealousies not counteracted by a frequent meeting together, it failed of its object. Let me farther say, that this proposition does not intend to include such as from protracted illness, misfortune, or extreme poverty are *unable* to pay. Such every honorable physician feels it a pleasure to attend, and do all in his power to relieve their misfortunes gratuitously. M. D. JR.

Professional Standing; its decadence; the cause; how to be remedied; radicalism; "Young America;" evils of present College system; American Medical Association; controlling influence of the Schools; hence the Association has been thus far a failure; the remedy.

WASHINGTON, D. C., February 17th, 1854.

MR. EDITOR—I owe you an apology for not having acknowledged at an earlier date, the receipt of your able and interesting address delivered before the District Medical Society for the county of Burlington. Apart from the deep interest I feel in the subject discussed by you upon that

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occasion, that courtesy, respect and sympathy, due to a co-laborer in so good a cause, would have prompted an immediate response from me, had not the pressing engagements of an active professional life intervened to prevent, up to the present moment. I have read your address with much interest and attention, and am gratified to find you assume upon many important points connected with the general welfare of our profession, the same positions occupied by myself. After adverting to the humiliating fact that there has been a retrograde in the standing of the medical profession since the days of Sydenham, Fothergill, and others of that time, you go on to demonstrate the causes which have conspired to produce this decadence of professional respectability and influence in society, by discussing them under three different heads. 1st. Defective medical acquirements, including their antecedent causes. 2d. The advancement of quackery and its connexion with the regular profession, &c. &c. 3d. Want of union and harmony among scientific physicians. Without wishing to offer any comments upon the two latter of these divisions, upon which you have dilated somewhat in *extenso* yourself, you will excuse, I hope, the indulgence of a propensity I feel just at this moment, to submit a few observations upon the subject involved in the first. There can be no doubt as you justly remark, that whilst the science of medicine, through the assiduity, labor, and researches of a few scientific and distinguished members of the profession, has been gradually progressing, and is now far in advance of what it was a century ago—the standing, respectability and influence of its members as a body, are far below what they were at that date, or even at a much later period. I refer specially to the *personnel* of the profession in our own country; its present position in society, and its professional and literary attainment. No one, I presume, who will take the trouble to institute a comparison, can arrive at a different conclusion, or hesitate to make this mortifying admission, nor can he be so blind as not to perceive at once, the chief and most potential cause which has operated to produce this unfortunate state of things.

In contemplating this subject, to those who really have the interest of our profession at heart, who feel a commendable pride in the calling which they have selected, and who honestly and earnestly desire to sustain that dignity and high standing by which the profession of medicine has hitherto been characterized; two questions naturally present themselves. 1st. What are the causes which have conspired to depreciate medical acquirements and professional influence in our country, leveling the profession to a trade, and fostering quackery. 2d. By what means are we to purge the profession of these evils, and accomplish a reform?

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To my mind but little difficulty presents itself in responding to the first of these interrogatories. The cause is unfortunately too wide spread and apparent, to escape the observation of the most prejudiced and superficial observer. The multiplicity of medical schools which exist in our country, the low standard of professional attainment recognized by them for graduation, and the utter want of preliminary education in a large proportion of the medical students who are permitted to graduate, offer, in my judgment, a sufficient explanation for the existence of the evils above indicated. I might perhaps, add in this connexion, as a collateral cause, the radical and progressive proclivities of the present age. That agrarian spirit which, having recently embodied itself in the form of a political organization in our country, under the title of "Young America," induces every street urchin or illiterate mechanic, to entertain the belief that he has not only the unquestionable right to fill, but that he is eminently fitted for any station or position in society, without the delay, trouble, and expense, of first acquiring an education. Under the influence of this pestilential epidemic, which for many years past has been sweeping over this country, destroying in its wild career every monument of the past, established by the wisdom, prudence, and experience of our progenitors; invading with its disorganizing elements, the sacred precincts of religion, philosophy, and science; seeking to disenthrall itself of all those necessary and conservative restraints imposed by law, morals and religion; acknowledging no obligatory impulse to human actions, but individual will, and refusing to recognize the conventional rights either of society or of nations—under the baneful influence I say, of this spirit, medicine has been forced to succumb, and no longer claims with any pretention to justice or truth, for her followers, the appellation of "*The learned Profession.*" The day has passed by, when the profession of medicine was confined exclusively to the educated classes of society, and the honorable title of *Doctor*, selected to illustrate the pretensions of those who professed a knowledge of the science, has become almost a reproach or a synonyme for quack or pretender. In times past, when none but educated gentlemen aspired to become professional men, and none were permitted to receive the degree of Doctor of Medicine, who had not previously obtained a thorough preliminary education, the social position of the medical gentleman was one of influence and honorable distinction: dignified with the title of doctor, he found no difficulty in being readily admitted to a social equality with the most fastidious and exclusive. But my dear sir, "tempora mutantur," who are those who now compose a large portion of our profession? What rank do they hold in

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society? What position do their antecedents and attainments entitle them to hold? As the legitimate result of establishing medical schools in almost every village throughout our country, the once honorable profession of medicine has, in many instances been degraded to an ignoble and dishonest trade. We now see in every direction, school after school springing into existence, and entering the market in eager competition for public patronage, endeavoring to underbid each other by an unrighteous sacrifice of the most sacred interests of the profession to which they belong, and over which they might be regarded as ex-officio guardians. Influenced in this by considerations of pecuniary gain, or blinded by the imaginary importance and distinction attached to the title of professor, they seem utterly insensible to the manifest injury which they are thus inflicting upon the reputation, standing, and efficiency of the profession at large. In support of these strictures upon the present system of medical education pursued by the Colleges of our country, I would ask if it is not a fact, that scores of young men are annually admitted as students of medicine, to the lecture rooms of almost every medical institution in the country, who have not only never graduated at any literary institution, but are actually so ignorant of the very elements of an English education, as to be scarcely able to write ten lines of English without committing as many orthographical errors? Illiterate artizans, flattered at the idea of, and tempted by the facilities for, becoming professional men, abandon their various mechanical pursuits, and without the useless delay of acquiring a preliminary education, walk direct into the anatomical halls of some College, as fit material to be manufactured in the short space of two years, into bona fide doctors of medicine. Now sir, taking into consideration the fact, that nearly the entire philological fabric of medical science is based upon the Latin and Greek languages, its technical nomenclature derived chiefly from the roots of these two languages; is it scarcely possible I ask, for such persons to acquire in the limited period of two years, a sufficient knowledge of that science to justify their being sent forth to the world as representatives of the medical profession, and suitable practical exponents of its principles? I would not have you suppose my dear sir, that I am actuated by a desire to establish for the profession of medicine any exclusiveness; on the contrary, I am willing to leave the door wide open—the profession accessible to all classes of society; requiring always that those who aspire to become professional men, shall first render themselves worthy of it, by acquiring a preliminary education, so that they may come up to the original standard of medical science, and not require it to descend to that of ignorance and empiricism.

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With regard to the second proposition with which I started, viz:—by what means are we to purge the profession of these evils, and effect a reformation, I am not prepared to give so ready a response. Very many difficulties infest our pathway and arrest our progress. This subject, as you are aware, has for the last two or three years agitated the professional mind, and been repeatedly presented for the consideration of the American Medical Association. So far, however, as my knowledge extends, with the exception of a recommendation that the sessions be extended by the Colleges, I am not cognizant of any effort which that body has made to reform our system of medical education. On the contrary, I despair of our ever accomplishing any material reformation through the instrumentality of that Association. The Schools, whose interests it would seem are antagonistic to the various systems of reform which have been suggested by those not connected with these institutions, have usually managed to exercise a controlling influence over the deliberations of that body, and will, I fear, always succeed in defeating every proposition, which has for its object, the imposition of any restrictions upon the privilege which they now enjoy of turning out doctors at the shortest notice, and the least trouble. I must confess, that I have been unable to join in the huzzahs which are annually shouted in praise of this Association, neither have I participated in singing peans or offering ovations to the wonderful achievements, in advancing the interests and prosperity of our profession, which it is claimed have characterized its proceedings since its organization. In canvassing the pretensions set up by those who claim so much for the Medical Association, and who expect so much yet from it, I ask myself these questions—What apparent influence has the Association so far exerted over the medical profession throughout the country? Has there been any improvement in the system of medical education? Have the dignity, standing, and influence of the profession been in any degree exalted? Has any successful, systematic effort, been made to root out Quackery? Has the code of ethics recommended by the Association been regarded by the medical profession at large, or even observed in its own annual organizations? To all of these questions I feel constrained to reply in the negative, and whilst I am willing to acknowledge that the operations of the Association may have paved the way for future advantage to the profession at large, candor compels me to admit that in my humble judgment, it has so far made but little progress towards accomplishing any of the most important and essential objects for which I presume it was instituted. So long as the licensing power rests exclusively with the irresponsible faculties of the Medical Schools,

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so long will the selfish dictates of interest triumph over duty to the profession, and induce them to graduate those who are manifestly incompetent, and entirely unworthy to become members of the medical profession.

Hoping that you will excuse the hasty and loose style in which I have hurriedly written this, I subscribe myself very truly and respectfully yours,

ALEX'R. Y. P. GARNETT.

BIOGRAPHY.

Biographical Notice of the late Professor Horner.

We presume that most of our readers have known Dr. Horner: probably most of them have listened to his instructions, and all, have no doubt been familiar with his writings, and none will turn an unwilling eye from the page that records a brief reference to the history of this truly estimable man.

Dr. Horner was a native of Virginia. He was born at Warrenton, Fauquier county, on the 3d of June, 1793. His constitution being exceedingly feeble in boyhood; he was very spare, and weighed not more than 96lbs. when near adult age.

He was thus prevented from indulging in the usual sports of early life, and spent his time in the company of his elders, and the improving employment of reading. His education was mainly conducted by a clergyman in his native town, and at an academy in Dumfries.

He commenced his medical studies in 1809, under the direction of Dr. John Spense, a Scotch physician, educated in Edinburgh, with whom he continued till 1812, during which period he attended two courses at the University of Pennsylvania, paying particular attention to anatomy.

In 1813, (before he graduated) he received a commission as Surgeon's mate in the hospital department of the U. S. army, which he accepted. In Sept. following, he was attached to the 9th military district, north of the Highlands, state of New York, while in his twentieth year, being in the receipt of some thirty or forty dollars per month, and rations. He was ordered to take charge of seventy-three invalids at Greenbush, some of whom had been severely wounded at the capture of Yorktown and fort St. George. After relinquishing his command at Greenbush, he hastened to Philadelphia to attend the winter courses at the University, and graduated in April 1814. In June following, Dr. H. reached the frontier and was attached to the hospital at Buffalo, where he was faithful in relieving the many sufferers who were brought to the hospital from the engagements of Fort Erie and Chippewa, in July following, so that he had under his professional charge at one time, 175 wounded and sick. His tour of duty on the Niagara frontier was concluded on the 24th Decem-

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ber, and in his Journal is found the following record—"I was the first on the ground, and am the last to quit it." He was afterwards stationed at Norfolk, Virginia, and on the receipt, at Washington, Feb. 15, 1815, of the intelligence of the signing of the treaty of peace at Ghent, he determined to resign his commission, which he did on the 13th of March following. On the 23d, he received information of its acceptance, and left Norfolk on the following day, for his paternal home. He settled for a short time at Warrenton, but could not remain long. He was moved by a secret impulse, to seek the scene of his future prosperity. His journal makes this record on the 3d of December 1815—"The Rubicon is passed. I have forsaken my relatives, my friends, and my practice. I am now on my way to Philadelphia, where I intend to seek my fortune. I have put all at hazard. O, thou eternal Father, the giver of all good gifts! may Thy blessing attend me."

He spent the winter at the University, prosecuting practical anatomy: his enthusiasm in this branch of study, his quiet demeanor, his steady, patient perseverance, attracted the notice, and earned the friendship of Prof. Wistar, who offered in the following March to appoint him his dissector, at a salary of $500 per year. The offer was accepted, and Dr. H. proceeded to his duties. In the fall he was offered a Surgeon's place on board an East Indiaman, but in consequence of his engagement with Dr. Wistar, he promptly declined. On noting this occurrence in his diary, he remarks:

"It is said that the fortune of every man depends on some unexpected circumstance; I may have rejected that on which my fortune turned. My refusal arose from my sense of obligation and honorable intentions to Dr. Wistar. There is a maxim that 'honesty is the best policy.' I now put it to the test." A note is appended to this passage, dated January, 1852, to this effect: "See vote of Trustees of the University of Pennsylvania, appointing me Professor of Anatomy, November, 1831."

In 1818, Wistar died, and Horner records this, to him afflicting dispensation, "my friend, my patron, my example in life, the good, the illustrious Wistar is no more. My hopes are again destroyed." Dorsey succeeded to the chair of anatomy, and appointed Horner as his demonstrator, placing the dissecting class, and all its emoluments in his hands. In 1818, the anatomical course was opened by Dorsey with one of the most brilliant introductories ever listened to within these walls, but that very night he was taken ill, and in a few days was carried to the grave. Horner again desponded, but Physick, who took upon himself the anatomical department, renewed with him the arrangement made by his predecessor. In Oct. 1820, Dr. H. was married, and in the month succeeding, he was associated with Dr. Physick, as adjunct Professor of Anatomy.

"In 1823 he was appointed one of the Surgeons to the Philadelphia Almshouse Hospital, which office he held for twenty-five years.

"Dr. Physick, broken down by increasing infirmities, finding the task of lecturing beyond his powers, resigned his chair in 1831.

"Dr. Horner, in November of that year, was unanimously elected in his place.

"On the approach of the cholera invasion of 1832, the city Councils appointed a Sanatory Board, composed of the principal physicians of the city. Dr. Horner was one of those elected; and was subsequently placed in charge of one of the temporary district hospitals, established during the prevalence of the epidemic.

"He devoted himself to investigate the anatomical lesions that occur in the intesti-

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nal tube in cholera. For this object he adopted an entirely new method of observation. He first made a minute injection of the mucous membrane, and then examined it under water, with large magnifying lenses; and afterwards on the object-glass of the microscope.

"In this manner, he demonstrated that the epithelial structure of the small intestines is destroyed, and desquamated."

In 1849, he succeeded in founding St. Joseph's Hospital. His health began to fail in 1841. Hypertrophy of the heart became evident in 1844. In 1847 dropsical effusions commenced. In 1848, accompanied by his friend Dr. Leidy, he made the tour of Europe; visiting hospitals in England, Germany and France, with all the ardor of a young professional tourist. He returned, much benefited in health, and followed the routine of his duties until the winter of 1852–53. In November 1853 he was obliged to leave the city on account of ill health, but returned in a few weeks, and continued his lectures till the 27th of January.

"This last lecture was accomplished with difficulty. His limbs were distended with dropsical swellings; for a week he had been lecturing, while bandaged to the waist; his respiration labored and short, rendered speech difficult, the heaving heart and throbbing carotids, seemed threatening every moment an apoplectic hemorrhage, a sudden congestion, or fatal effusion on the lungs. At the end of the lecture he deliberately walked to his home, at least a quarter of a mile, as though he were in perfect health. From this time he felt the conviction that his office in life was closed, and he was soon to be removed from those duties which he had fulfilled with earnestness and integrity. He resigned himself calmly to his fate, and awaited its coming without a murmur, or with reluctance. There was, with him, no parade of preparation for a future state, for it had been the ruling thought and aim of his whole life. He seldom talked of his death, but, when it was alluded to, it was treated and spoken of, as any other occurrence of our daily life. A circumstance I am tempted to mention, shows his coolness and unconcern on this subject. He was lying on a couch—Dr. Henry H. Smith and myself sitting on each side. Doctor Horner was suffering some pain, a new symptom that had just commenced. He demonstrated with his finger the different regions of the trunk, enumerating the organs they contained, and the state of each, and indicated the exact seat where he then suffered the most. This was done with the interest and earnest manner of a demonstration to his class. I was so struck with it, as to call the attention of Doctor Smith to this display of the "ruling passion strong in death." "Look! here is the anatomist dissecting his body—making a *post mortem* before he is dead." The remark so amused Doctor Horner, that he laughed heartily, in which we joined him. At the end he said: "Well, I have not had so good a laugh for a long time." This occurred on the third day before his death.

"The imperative sense of duty, so conspicuous a trait in Doctor Horner, was manifested in the last moments of his life. Towards the close of February, finding the most urgent symptoms of his case mitigated, and his life prolonged beyond his expectations, he insisted on relieving the Faculty of the University of a portion of the labors his incapacitated state might throw on them. He commenced the anatomical examination of the candidates for graduation, aided by his son-in-law, Doctor Henry H. Smith, and continued this duty until within two days of his death.

"It is somewhat remarkable that the death of Doctor Horner was not the immediate result of the chronic affection under which his constitution had broken down. He had complained about the 10th of March, of pain in the abdomen, on the left side. The night of the 12th it suddenly assumed an intensity that led to the suspicion of peritonitis from a perforation. He sank exhausted by unceasing and unmitigable suffering the evening of the next day, March 13, surrounded by his sorrowing family and relatives.

"Examination after death, revealed the existence of entero-peritonitis, with mortification of the small intestines. This new condition was the direct cause of death, and had suddenly supervened on the original disease."—*Compiled from Professor Jackson's Discourse.*

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BIBLIOGRAPHICAL NOTICES.

HOMŒOPATHY: *its Tenets and Tendencies, Theoretical, Theological and Therapeutical.* By JAMES Y. SIMPSON, M. D., &c. &c. Philadelphia. Lindsay and Blakiston, 1854. (8vo. pp. 304.)

WHAT is the duty of the medical man with regard to empiricism and pseudo-science? What is the position which the conscientious physician, for the sake of truth and humanity, should assume toward them? These are difficult questions, and have always been answered differently by different classes of minds in the profession. Nor are they yet settled. *Adhuc sub judice his est,* may be truly said, for opinions on the subject are as widely divided now, as ever. With regard to bold and barefaced quackery, (such as that which has recently established its head-quarters at the capitol of our state), there is of course but one sentiment. To that sort of thing the profession can know only the one relation—that of war to the bitter end. Neither does it expect any thing else, being openly blatant and defiant, and relying solely on its appeal to ignorant credulity. The difficulty is to know how to treat those more insidious forms of empiricism, which come in the guise of "New Systems," or professed "Medical Reforms," based upon specious arguments, that seem plausible enough to the unprofessional persons to whom alone they are addressed. Shall they be met with argument and exposure? or is it wiser to let them alone, confident that they will die out of themselves? We confess that we have always inclined to the latter opinion. In a case where the sentiment of the profession itself is divided, we can understand the value of free discussion and examination, but in the instances to which we now refer, the appeal is made to an uneducated public, totally unable to appreciate the first elements of the controversy. Every physician must recall with a smile, the extraordinary, and often ludicrously absurd "arguments" they have heard adduced, in support of homœopathy and kindred delusions, by persons otherwise sufficiently intelligent. A discussion before such a tribunal, is very apt to become a sort of game of "brag," in which the umpires will be carried away by the disputant who indulges in the boldest and most reckless impudence of assertion. We have always been convinced, moreover, that irregulars of all sorts gained additional notoriety and consequence from professional notice. Hence comes the

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zeal with which they seem to solicit, and endeavor to provoke attack. Like Mawworm in the play, they "love to be despised," because it gives them ground for an appeal to popular sympathy. As concerns homœopathy at present, we have thought it bad policy to assail it, because it is dying out fast enough of itself. All false systems are necessarily short-lived, and this one, having passed its culminating point, is rapidly falling into the condition of confusion and self-stultification that precedes dissolution.

Dr. Simpson, however, is of the contrary sentiment. He believes that the quasi-scientific empiric should be met with a thorough and searching examination of his pretensions. Every new "system" he would subject to the test of a rigid analysis, exposing its sophistries, and laying bare its absurdities. This he has attempted for homœopathy in the present work. While doubting the policy of the proceeding, we nevertheless rejoice, that it has fallen into such able hands. There is no clearer head, and no more fluent pen in the profession, than Dr. Simpson's. This volume, which is a reprint of his third Edinburgh edition, contains a full and candid statement of the homœopathic doctrines and practice, extracted from their highest authorities, and commented upon in a spirit of kindly, but at the same time, of logically severe criticism. Each proposition is fully considered and amply illustrated, and its fallacies exposed. There are portions of the subject so absurd intrinsically, that it is almost impossible to discuss them with becoming gravity, but even over these Dr. S. has managed to restrain his risibilities, and preserve proper decorum. His book is a thorough exposition of the whole matter, and will hereafter be invaluable to the student of medical history. We cordially recommend it to all who desire to know what homœopathy is, and what are its tendencies. We are also glad to see that Dr. S. includes in this edition, a synopsis of Dr. Gaidner's masterly exposure of the fallacy of homœopathic hospital reports.

From the chapter which treats of the present condition of homœopathy on the continent of Europe, we make the following extract, the interest of which will excuse its length.

"In 'BRADSHAW'S GUIDE TO THE CONTINENT,' published a few months ago, (August, 1851,) the author, Mr. Lee, who, 'by repeated visits and residences' upon the continent, has made himself specially intimate with its medical and other institutions, incidentally makes the following observations regarding the present state of homœopathy in its native country of Germany, and the condition of it in Leipsic at the time of his last visit to that city:

"At that time," he observes, (pp. 290 and 291) "of my first visit, I was anxious to see the homœopathic Hospital, of which I had previously heard, Leipsic being headquarters of this doctrine, I expected to have found at least forty or fifty beds filled with

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patients; but was rather surprised to find that the building (which is a small house in the suburbs) only contained eight, and even of these, all but two or three were unoccupied. At my last visit to Leipsic, I understood that matters were going on badly with homœopathy, which indeed, is now comparatively little heard of in Germany and France, except at Vienna, and only requires to be understood by the public for its absurdity to be apparent, though there will always be credulous individuals who are to be caught by any novelty, when presented under a specious appearance, and backed by an unintelligible name. During its whole progress, it never was sanctioned by any individual of eminence in the profession, and was principally taken up as a means of acquiring wealth or a livelihood, by persons who had never been previously heard of, or who were known as having failed to acquire practice by the honorable exercise of their profession, by whom every means were taken to puff it into notice, and to keep public attention directed to it; such as repeated histories of cures, the establishment of dispensaries, of which I believe, the only one that remains, is the above mentioned, at Leipsic, even if that be still in existence; for a few months before my arrival, the house-physician having become convinced during a residence of sometime in the dispensary, of the nullity and danger of homœopathy, gave up his appointment, and published an exposition of the system pursued, with an account of cases, which clearly shows (what had long been evident to the bulk of the profession and the public), that the so called cures were recoveries from ordinary ailments, by the efforts of nature, which were frequently a long time under treatment; whereas, by a proper medication and attention at the outset, they might probably have been removed in a few days; and that many of the more serious cases got worse instead of better, for the want of active treatment. It must not be supposed that the homœopathists always adhere to the principles of the doctrine. It has not unfrequently happened, that persons who attributed their recovery to homœopathy, were treated allopathically without their being aware of it. In fact, one practitioner in Leipsic, a professed homœopathist, candidly acknowledged that he pursued both plans of treatment, and was accustomed to ask his patients by which method they would be treated, as both were equally good.

"Within the last few weeks I have been informed by Dr. George Fleming, of Dundee, who has just returned from a six month's sojourn at Vienna, that he attended the homœopathic hospital there, under Dr. Wurm, for upwards of a month, but that matters did not seem to go on prosperously with homœopathy, even in that school, which is acknowledged to be its central and chief seat; the whole number of pupils in attendance at the hospital only amounting to five. The diseases of the patients were chiefly of a chronic and sub-acute type, with numerous cases of a prevailing mucous fever, which was so slight as not to require formal medical treatment. Only one case of acute inflammatory disease, was admitted, viz: a case of pneumonia of four days standing. This patient died.

"There is a second and older homœopathic hosptial at Gumpendorf, in the suburbs of Vienna, under the medical charge of Dr. Fleischmann. When Dr. Fleming was at Vienna, he was assured that there was only one medical pupil attending Dr. Fleischmann's hospital. His informant was the pupil himself. Speaking of Fleischmann's hospital, Dr. Routh, who sometime ago studied at Vienna, remarks 'I never saw at any one time, more than two students in attendance, besides the physician going round.'

"In a letter lying before me, from Dr. Gerson, a very intelligent young German physician, who has studied at various continental schools, and has lately come on a visit to Edinburgh, it is stated, 'during the last six or eight years, neither the medical

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profession nor the public of Germany have paid any degree of attention to homœopathy, for it is now everywhere looked upon as possessing no theoretical or practical value. It is tolerated, because it is regarded as a very innocent and harmless species of quackery. * * As regards actual homœopatic practice in Germany, it is very limited indeed in Leipsic, where the English and other admirers of Hahnemann, have lately erected a statue of him, and which was once the chief seat, if not the birth-place of homœopathy. Out of 120 medical men, there are now, as I was lately informed by Dr. Radius, the Professor of clinical medicine in the University of that city, only six or seven homœopathists, and only two or three of this number can be said to be engaged in practice, and to a limited extent. The homœopathic hospital which existed formerly in Leipsic, has become defunct. In Hamburg, out of 183 medical men, there, is now only one homœopathist. The son of this gentleman has entered the medical profession, but has not adopted the homœopathic principles of his father. A physician who formerly practised homœopathy in Hamburg, renounced it some years ago, and returned to legitimate medicine.

"While this sheet was passing through the press, Dr. Oscar Prieger, of Kreuznach, a physician well known to many English invalids who have of late years visited the continent, came to Edinburgh; and, on showing him Dr. Gerson's letter, he confirmed to me in the strongest manner, the recent rapid decline, or indeed total extinction of homœopathy in the cities and medical schools along the Rhine, and in all that part of Germany with which he was acquainted. In fact he had heard the word only in England, or from English patients, during the last five or six years;—the delusion having now altogether ceased to excite any interest in the districts of Germany with which he was intimate." pp. 43—47.

We are satisfied that the homœopathic delusion is equally on the decline on this side of the Atlantic. Every practitioner must see that it obtrudes itself upon professional attention less and less every year. Certain neighborhoods may still be troubled with an occasional outbreak of excitement on the subject, but it certainly attracts much less of popular notice. In Philadelphia, where it was originally mainly confined to the German population, it is now very rare for a German family to employ a homœopath. It is also to be observed that most of the recent candidates for popular favor in this line, associate with it the practice of hydropathy or mesmerism, or more rationally, of electro-magnetism. The original professors of pure Hahnemannism (of whom there is merely a remnant left), are fading into obscurity, and their place is taken by men who notoriously use heroic doses of the alkaloids, and whatever else can be smuggled into a globule, or a moderate sized powder. Dr. Simpson mentions the case of the Duc di Canizzaro, who died after taking a dose of homœopathic globules, with all the evidence of poisoning by strychnia. A similar case recently occurred in New York. Dr. Alfred Taylor, of London, found one third of a grain of sulphate of morphia in a single "homœopathic" powder. A patient to whom the writer gave veratria in the dose of $\frac{1}{4}$ of a grain, thrice daily, exclaimed that we had given her "ho-

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mœopathic" medicine, which she recognized by the same pricking sensation of her fingers and toes. One of the most successful practitioners of the art, now in Philadaelphia, uses only tinctures, which he inspissates to some fanciful standard of his own, and then gives, dropped on sugar in the form of powder. His apothecary informs us that this person purchases largely of the solaneous narcotics, and of the Tr. Aconiti several quarts annually. We were sometime since called to see an old lady suffering with anasarca from heart disease, who had been under the care of a consultation of nominal homœopathists. She complained much of the "nastiness" of their medicine, so contrary to her previous notions. On examination we found her powders to contain each, about 5grs. nitrate potassa, and 1gr. powdered digitalis, with some sugar! Evidently, the majority of these practitioners at present, are mere impostors, who avail themselves of the popular delusion to obtain patients, and then endeavor to secure some efficacy in practice, by secretly using the armory of legitimate medicine. Evidently, moreover, such a state of things cannot last long. Homœopathy is ready to die the moment its fit successor comes, but not till then, for there is a class in the community that cannot live without a quackery to foster. In the meantime, let every one who desires to be either instructed or amused concerning it, avail himself of the admirable labors of Dr. Simpson.

CLINICAL REPORT ON DYSENTERY; *based on an analysis of forty-nine cases, with remarks on the Causation, Pathology and Management of the Disease.* By AUSTIN FLINT, M. D. Buffalo; Jewett, Thomas & Co., 1853, (8vo. pp. 90.)

CLINICAL REPORT ON CHRONIC PLEURISY; *based on an analysis of forty-seven cases.* By A. FLINT, M. D. Buffalo; Jewett, Thomas & Co., 1853, (8 vo. pp. 58).*

IT will be perceived that our table this month is unusually rich in works of a practical character, and addressed to the mature practical mind of the profession. This is a gratifying fact, as evidencing that we are passing out of the era of text-books into that of a more manly literature. Many of us (not old fellows either), can remember when it was rare to see in a Doctor's office, any book of higher grade than the mannals he used at College. Now, however, this "milk for babes" will no longer answer for his grown estate. He requires something more direct, substantial and practical, and our enterprising publishing houses (as our list

* For copies of these works we are indebted to Mr. H. C. Morton of Louisville, Ky., by whom they are for sale.

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fully demonstrates), stand ready to supply his wants. It is undeniable, that the body of our profession read ten times as much as they did thirty years ago; and with this increased intelligence there comes an increased practical efficiency, which the public will not be slow to appreciate. One great advantage resulting from this change, is the adoption of a less exalted style by medical writers generally. They have laid aside the professorial tone, and instead of lecturing *ex cathedrâ* to submissive pupils, they write as men addressing their peers. Boldness of assertion, and looseness of statement, are instinctively repressed, in a production to be submitted to the ripe judgment of the experienced. We therefore hail with pleasure the appearance of such works, although, as in the present instance, they may not altogether agree with our views.

The first mentioned volume, is a reprint of a series of papers that originally appeared in the Buffalo Medical Journal, and wherein the author endeavors to illustrate the general subject of dysentery according to the statistical or *numerical* method. We confess to a daily diminishing faith in the value of medical statistics. It may be that "figures cannot lie," but unfortunately medical language is generally so loose and unprecise, that there is always a doubt as to what exactly the figures apply. For instance, we are told that on a certain occasion, one hundred cases of Cholera all recovered under Homœopathic treatment! But what idea is conveyed to the homœopathic mind by the word cholera? Doubtless the hundred patients mentioned had diarrhœa and perhaps vomiting, but, as for cholera,—it's another matter. Or, we may be assured, that in a certain epidemic of Scarlatina, twenty-five consecutive cases were cured by Dr. Somebody with lard inunctions. Yet every physician who has gone through several such epidemics, knows that it is an even chance, whether next season, twenty-five consecutive cases die under lard inunction, or twenty-five recover without it; not that the lard is useless, but it is by no means a specific. The disease this year may have an intensity unknown the last. To come from these extreme cases to others, where the greatest accuracy is attempted, there will always be some of the same uncertainty. The result in a given case, will depend perhaps as much upon the grade of intensity of the attack, and the individual peculiarities of the patient, as upon his treatment. No tabular statement can include all these elements, which are indispensable in the examination of any limited series. But they are partial and restricted in their operation, and, in any very extended series, may be safely left to balance one another. Hence statistical results, covering a very wide field of observation, give us an approximation to the truth, whose value increases in a much

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more rapid ratio than that of the numbers themselves. We therefore attach a value to such statistics, which we deny to a numerical analysis of a small number of cases. In the present instance, we hold that Dr. Flint's basis is too narrow for his attempt. We must do him the justice, however, to say, that he has performed his task generally with logical consistency, and all possible precision. As he has confined himself rigidly to the phenomena observed in his cases only, the reader must not expect a full history of dysentery in all its modifications. But we apprehend that Dr. F. has, in one or two instances, ventured into assertion beyond what his record justifies. If he means simply to assert, that none of his forty-nine cases presented the symptoms of what we are in the habit of calling *bilious dysentery*, he is doubtless correct. But we understand him to deny the existence of that form of the affection, of which we are as intimately convinced, as we are of the existence of autumnal fever itself. We have seen three forms of Dysentery: 1st. pure *sporadic*, or simple colonitis; 2d, *epidemic*, prevailing over wide regions of country, and with an unmistakeable *typhous tendency*; 3d. *endemic*, confined to our river-bottoms and similar miasmatic localities, and with the hepatic complication obvious at first sight. In the two first classes, the use of calomel is of at least doubtful propriety, while the third cannot possibly be adequately treated without it. Whoever observes the above distinctions, will also know when to use the lancet, and when it must be carefully avoided. We are inclined to believe, moreover, that the apparent contradiction in the reports of the County Medical Societies of Pennsylvania, as to the geological formations over which dysentery prevails epidemically, may easily be reconciled by keeping this in mind. The great majority represent that the epidemic occurs upon gravel or slate formation, (frequently high ridges,) while the adjacent limestone districts are exempt. Certain exceptions are reported, but these (as far as we are acquainted with their topography) are all river-valleys, notoriously subject to pernicious forms of malarious disease. Compare the cases in the two localities, and we venture to predict, that they will be found entirely different. We regret that the experience of Dr. F., has not called his attention to this interesting distinction, for it demands elucidation at the hands of just such a cautious and conscientious observer as he appears to be. It would have enabled him, moreover, to give a clearer notion of the use of calomel than he has done.

On the whole, his remarks on treatment are satisfactory. He uses one phrase, however, against which we must always protest, especially as he is right in his opinion, and merely uses it from habit.

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We refer to "*purging* in dysentery." The word *purging* always conveys the idea of *drastic catharsis*, and is therefore liable to lead into fatal errors of practice. Dr. F. uses only "*laxatives* in dysentery," and should say so, distinctly. There is a tendency to torpor of the upper bowels and fœcal accumulation, notwithstanding the constant tenesmus, and the relief which follows a free evacuation is sometimes surprising. The periodical use of a laxative, is especially necessary where opium and astringents are given by the mouth. For this purpose Dr. F. prefers castor oil. He speaks doubtingly of the usefulness of the saline cathartics, which we wish he had condemned more pointedly. Acting almost entirely on the upper bowels and causing liquid stools, they may be beneficial if administered with extreme care, and in very small doses, but they are liable to irritate and do mischief. The blandest obtainable oily matter, presents that combination of laxative and demulcent effect which the case demands. We have occasionally used almond and olive oil, when perfectly sweet, with excellent effect, but *melted butter* answers so much better than anything else, that we have for years past, relied entirely upon it. It has been our habit, where it was practicable, to have it churned for each occasion, and given immediately, melted by warm water, in doses of ℥ss—j. If overheated, or burned, in melting, it is apt to occasion heart-burn and unpleasant eructations.

The remaining essay of Dr. F. is, to our minds, a more satisfactory production than that just noticed. The number of cases seems less inadequate, considering the comparative infrequency of Chronic Pleurisy. His materials, moreover, are more thoroughly digested, and we have read the work with interest and instruction. We shall always welcome the appearance of Dr. F., in the arena of medical literature, where his name is becoming familiar; and of one thing he may rest assured so long as we fill a chair editorial:—if we differ from him in sentiment we will certainly tell him of it, though always, we trust, kindly and respectfully.

On the Etiology, Pathology, and Treatment of Fibro-Bronchitis *and* Rheumatic Pneumonia. By Thomas H. Buckler, M. D., &c. Philadelphia, Blanchard & Lea, 1853, (8vo. pp. 150.)

The author of this interesting work frankly informs his readers at the outset, that this is one of the rejected candidates for the prize of the American Medical Association, in 1853. But it is none the less valuable on that account. We can perceive its faults, which concern arrangement and style, while the matter we have found extremely interesting. Dr. B. deserves the thanks of the profession for his investigation of a hitherto neglected topic, which must lead to important therapeutic results. The disease which he describes, is Fibro-bronchitis, or *rheuma-*

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tic inflammation of the fibro-cartilaginous structure of the bronchia, as distinguished from the mucous tissue. It is one which, although occasionally hinted at in medical literature, is passed over in silence by systematic writers, and is entirely ignored by our modern practical authorities. Yet we venture to assert, that no experienced practitioner can read Dr. B's. book, without having a flood of light thrown upon a a host of "dry catarrhs," as well as upon the course of certain obscure chronic pulmonary affections. The chapter on the Rheumatic Element, will be found especially valuable. Dr. B., divides all rheumatisms into four classes, the first and most common of which, is that dependent upon the presence of lithic acid and lithate of soda in the blood. It is in this form that he relies upon Phosphate of Ammonia, of the superior efficacy of which, he seems quite as confident now as he was, when he first published on the subject, some ten years ago. The second form depends upon the retention of nitrogenous matter in the blood, from suppressed perspiration,—the third upon the abnormal presence in that fluid of earthy phosphates,—and the fourth upon the retention of certain illy-understood "extractive matters" of the urine. All these of course require diversities of treatment; but all are liable to be complicated with bronchitis. The cases illustrative of Dr. B's. treatment, are reported at greater length than seems to us essential, but it is better to err upon that side than the other. The concluding chapter on Treatment, is full of sound practical suggestions, which make this eminently a book to be prized by the "working doctor," rather that the mere closet student.

ON THE USE AND ABUSE OF ALCOHOLIC LIQUORS, *in Health and Disease*. By WM. B. CARPENTER, M. D., with a preface by D. F. Condie, M. D. Philadelphia, Blanchard and Lea, 1853. (8vo. pp. 178.)

Messrs. Blanchard and Lea have given us a neat edition of the celebrated prize essay of Dr. Carpenter, intended for general, as well as professional use. It is preceded by a highly laudatory preface from the pen of Dr. Condie, who has also appended to each page a glossary of notes, explaining terms otherwise unintelligible to the unprofessionable reader. The work of Dr. Carpenter is able and learned, and is written in a purely scientific spirit, without prejudice and without fanaticism. He demonstrates beyond dispute, the injurious effects of alcohol upon the healthy system, and shows that the cases of disease in wich it can be useful, must be exceptional and very rare. The book will be found a rich storehouse of facts and arguments for the advocates of total abstinence.

ELEMENTARY CHEMISTRY, *Theoretical and Practical*. By GEORGE FOWNES, F. R. S. &c. Edited with additions by R. Bridges, M. D. &c. Philadelphia, Blanchard and Lea, 1853, (12mo. pp. 555.)

This is another edition of a well-known and favorite work. It is brought up fully to the mark of present science—notwithstanding the lamented death of its author—by the labors of Drs. Hoffman and Bence Jones. We know of no better text-book, especially in the difficult de-

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partment of organic chemistry, upon which it is particularly full and satisfactory. We would recommend it to preceptors as a capital "office book" for their students who are beginners in chemistry. It is copiously illustrated with excellent wood cuts, and is altogether admirably "got up."

WORKS IN PRESS.

ONE object we have proposed to ourselves in the conducting of this Journal, is to keep our readers apprized of what books are forthcoming from the American press. This can be accomplished only by a co-operation with the publishers generally, which it will require time to organize. This month, therefore, our list is rather meagre, yet we are able to announce some things which will awaken a pleasant anticipation. Thus; Blanchard and Lea promise us speedily, a "Treatise on Chronic Diseases of the neck of the uterus," from Prof. Meigs, whose works are always received with delight. It will be illustrated by colored plates. The same publishers have nearly ready "Erichson's Science and Art of Surgery," with over 300 wood cuts. This will be followed by "Abel and Bloxam's Practical Chemistry," also copiously illustrated.

The interest in uterine pathology is well sustained, judging by the number of works upon it which find a ready sale. S. S. and W. Wood, of New York, announce another in "Jobert on Diseases of the Uterus," a work of high rank, and which we rejoice to see made accessible to the American reader. They also have in press Dr. Neligan's "Atlas of Cutaneous Eruptions," containing nearly 100 delineations, arranged in sixteen colored folio plates.

Lippincott, Grambo and Co., of Philadelphia, advertise a translation, by Dr. Da Costa, of "Kolliker's Microscopical Anatomy of the Human Body," with over 300 wood cuts. The work is one much needed by the medical public at present, and as its author's name is of the very highest authority in these matters, its appearance will be looked for with interest. The same firm also announce a new edition of "Morton's Anatomy." Among books not strictly medical, they have in preparation a really great work on Ethnology, by Dr. J. C. Nott, of Mobile, and George R. Gliddon, Esq., formerly our Consul at Cairo, entitled "Types of Mankind." Our readers are aware that the subject of the origin of human races has been discussed of late years with considerable warmth. The writers of the present volume are among those who contend for numerous races and separate origins. They bring to their task immense learning and research. In the palæontological department, they are assisted by Dr. Usher, of Mobile while Prof. Agassiz contributes a profound essay on "Centres of Creation," illustrated by a beautiful colored tableau. The work is dedicated to the memory of Samuel George Morton, whose disciples the authors profess to be, and is preceded by a memoir of that distinguished *savant* from the pen of his friend Dr. H. S. Patterson, of Philadelphia. The whole will constitute a quarto volume of 750 pages, with about 350 wood cuts, and numerous lithographic plates and charts.

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EDITORIAL.

MEDICAL SOCIETY OF NEW JERSEY.

OUR readers will perceive that the present number of the REPORTER contains a large amount of extra matter in the shape of the Transactions of the Medical Society of New Jersey.

We feel assured that these transactions will repay a careful perusal. The minutes will show, that the profession of our State is not indifferent to the subject of progress; and yet we could wish to see more zeal and disinterestedness manifested, in the increase of the budget of the Standing Committee, and in the presentation of voluntary essays and communications.

Much of the time of the Society was lost, for want of a proper attention on the part of the members, to parliamentary usages. We hope there will be an improvement in this respect, in future meetings. A case of discipline also consumed much time, and was finally, much to the regret of the members, unavoidably postponed for a year. The attendance of members was not large, yet the different sections of the State were tolerably well represented.

As the Transactions of the Society are becoming year by year more voluminous, and the expense of publishing them, increases correspondingly, we suggest the propriety of appointing a *Committee of Publication*, whose duty it shall be to have the oversight of publishing the proceedings. This burden should not fall so much on one or two individuals. The appropriation made this year, for the purpose, is not nearly sufficient. This whole matter should be in the hands of a competent Committee.

We are very glad that the Society has resolved to re-establish the old custom of having the members dine together. There is no doubt, that this will render our meetings more sociable and pleasant. It will also facilitate business, by preventing the members from becoming scattered.

There are indications that the profession of the State—especially the younger portion of it, is becoming more and more interested in our medical organizations. We are glad to see this, as it bespeaks an increasing desire to advance the interests of mankind, as represented in the progress of medical science.

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CORRESPONDENCE.

In our correspondence department will be found two letters called forth by an essay in the last number of the Reporter entitled "Doctors' Commons." The suggestion of "M. D. Jr.," is a good one, and might easily be carried out to the manifest advantage of both practitioner and patient. Such a "League" as he proposes, has for some time been in successful operation in Burlington, and is found to work well. Of course, as our correspondent intimates, its successful operation pre-supposes that union and harmony which should always exist.

The well written letter of Dr. Garnett, contains many valuable suggestions on the subject of medical education, which we commend to the attention of our readers. We are not, however, quite so ready as he seems to be, to despair of effecting a reformation in the profession by means of our National medical organization. We are aware that the influence of the Schools, as they are at present represented in that body, is potent, and that hitherto, it has been apparently, at least, adverse to the best interests of the profession. But we hope for more enlightened and elevated views, and less selfishness on the part of our Professors, and we hope too, and expect, that our county medical societies will come forward in their might, to vindicate the true interests of medicine in the Association, by sending delegates to that body, who shall have a controlling influence in its deliberations.

It is unfortunate that many of our schools are so sensitive with regard to any influence which may tend to curtail privileges, which have in many instances been too long exercised as rights; but we cannot think that this will always be so, or that the American Medical Association will not, ere long too, be the grand conservator of the true interests of medicine in this country.

We are glad that our humble essay has been the means of opening this discussion in our columns, and we hope that it will be carried on, in a spirit of candor, and with a sincere desire to advance the interests of medicine. There is much to be said and written on the subject.

Drs. F. G. Smith, and John B. Biddle having resigned their editorial connection with the *Medical Examiner*, Samuel Hollingsworth, M. D., has assumed its management, assisted by a corps of excellent writers as collaborators. We give Dr. H. the right hand of welcome, and friendship, and wish him success.

The *Stethoscope* has been purchased by the Medical Society of Vir-

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ginia, and will hereafter be edited by a Committee of that body. But more of this anon. We part with Dr. Gooch with regret.

☞ WE have been obliged to omit the third article of the series on the American Medical Association this month. This has been occasioned partly by the pressure on our columns, and partly because of the time required to prepare a suitable portrait and biographical sketch of the late Nathaniel Chapman, M. D., which should accompany the next article. These are in course of preparation, and if not ready for the April number, will be issued in the form of a supplement, as soon as possible, and mailed to all our subscribers.

EDITOR'S TABLE.

A number of minor publications lie on our table this month, but we can afford only a very brief space to noticing a few of them.

The "*American Medical Monthly*" is the title of a journal commenced in New York on the first of January. It is conducted by the faculty of the New York Medical College, E. H. Parker, M. D., being the principal editor. Putnam & Co. are the publishers. Eighty pages—three dollars per annum.

The "*Western Journal of Medicine and Surgery*" we have received lately, which is the first time we have ever seen that work. It has been changed to a monthly, and is filled with interesting matter. L. P. Landell, M. D., Editor.

Both the above journals are organs of medical schools. We trust that they will not, in upholding the interests of their schools, lose sight of those of the profession.

Norton's Literary Register, for 1854. This is one of the most important Annuals, to literary men, published in our country, and we would call the attention of our readers to it. It is filled with interesting matter under the following heads—1. Libraries—2. Proceedings of Convention of Librarians—3. Library statistics—4. Educational Register—5. List of American and English publications for 1853. pp. 175. C. B. Norton, 71 Chambers street, New York.

"*The legitimate goal of professional ambition,*" is the title of an Address by William M. McPheeters, M. D., introductory to his course of lectures on Materia Medica and Therapeutics, in the Medical Department of St. Louis University, Oct. 31, 1853. *Success* is the word that solves the problem started by the professor, and the question,—How can that success be best secured, is replied to as follows—

1. In order to succeed, the physician must be thoroughly educated, and with special reference to the spirit, and wants of the present age:

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2. He who would cultivate medicine successfully, must have an ardent and abiding attachment to his profession, and so long as he lives, should continue to be a student.

3. Although not absolutely indispensable, it is highly desirable, that in the beginning of his career, the physician should have—in addition to an ardent love for his profession—the stimulus of necessity—poverty.

4. Forsaking all other pursuits, the physician must make his profession the grand object of his life.

5. He who would adorn his profession, and would become a blessing to mankind, must be an upright, conscientious *and truly christian man.*

We like to see the mind of the student stored with such ideas as this address contains. The printers have made the author appear to great disadvantage, by the bungling manner in which their work is done.

MISCELLANY.

We are glad to perceive that the English custom of appointing *medical men* to the office of coroner, is beginning to prevail in Massachusetts. It is surprizing that the common sense of communities, is not sufficient to demand such a course everywhere.

Gov. Price in his inaugural address, recommends a geological survey of this State, and we are pleased to see that his recommendation is likely to be followed up by efficient action on the part of the Legislature.

Dr. A. C. Castle, a dentist of N. Y., recently related, in the Boston Med. and Surg. Journal, a case in which he removed a ring from the finger of a young lady, after the failure of all ordinary methods, by applying *quicksilver* to the polished surface of the ring, by which means an amalgam was formed, thus rendering the gold friable.

A bill "for the promotion of medical science,"—legalizing dissections, is before the New York Legislature, and will, in all probability become a law, despite the puerile opposition of narrow minded politicians. Shame on the men who would oppose so humane a law! How long is New Jersey to be behind-hand in this important reform?

A service of plate has been presented to Dr. Lewis A. Sayre, of New York, by the congregation of the 13th street Presbyterian Church in that City, as a testimonial of gratitude for his faithful attentions to their pastor, the Rev. Dr. Burchard, through a long and trying attack of illness. We cannot help believing that the *res pecunia*, or a good library of books, would have been much more acceptable to the doctor. With our utilitarian views, we regard these plate presentations as among the fashionable follies of the day.

We are very happy to see that the principles embodied in what is known as the "Maine Liquor Law," are making steady progress throughout the country, and that they bid fair in a very few years to become universal. Heaven speed the day, when the cause of so much wretchedness and suffering—so much sickness, and so many broken constitutions, shall be outlawed! It is no marvel that so many physicians are found the firm supporters of this reformatory movement.

Congress, some two or three years since, made an appropriation of $100,000 to the discoverer of the application of Anæsthetics in surgical operations; but so far, there seems to be as much probability of the discovery of the lost navigator Sir John Franklin, as of this fortunate individual. The bait is so tempting, that many are found ready to nibble at it. We believe the following list comprises all the claimants up to the present

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time. 1. Dr. C. W. Long, of Athens, Ga., who claims to have made the discovery in 1842, (*South. Med. and Surg. Journal*, Dec. 1849)—2, the late Dr. Horace Wells, of Hartford, Conn., who, his friends claim, with considerable show of reason, made the discovery in "the latter part of the year 1844"—3, Dr. W. T. G. Morton, of Boston—4, Dr. Charles T. Jackson, of the same place—and 5, a Dr. Jas. Esdaile of Scotland, who politely informs Congress that he applied mesmerism for this purpose, "as early as 1845." It strikes us that the claim lies between the two names first mentioned.

JOHN R. STUYVESANT, Esq., of New York, was recently "victimized" in the sum of eight to ten thousand dollars, by a quack, calling himself "John K. Seymour, M. D.," the wife of the quack—herself a *doctress*—acting as a "stool pigeon" to entrap the victim. The plan was, to place him in such a position before the parties, as to extort from him a deed for real estate to the value named above, to avoid exposure on the charge of seduction. Proceedings were instituted against Seymour—a partial hearing of the case had been had,—the defendant was in jail awaiting his trial—when the proceedings were arrested, by the complainant being summoned to a higher tribunal, the messenger being Asiatic Cholera. Wisdom is oftentimes dearly purchased!

THE *American Journal of Science and Art*, published at New Haven, long known as "Silliman's Journal," has recently added a feature which will make it more acceptable than ever, to medical men. It is hereafter to contain reviews and notices of anatomical and physiological works, together with abstracts from them.

Army Medical Board.—The Army Medical Board, which convened in the City of New York on the first day of December last, for the examination of Assistant Surgeons for promotion, and of applicants for appointment in the Medical Staff of the Army, adjourned *sine die* on the 4th inst., after a continuous session of more than two months.

By this Board the following Assistant Surgeons, named according to rank, were examined, and found qualified for promotion:

Assistant Surgeons.—William J. Sloan, John F. Head, Thomas C. Madison, Israel Moses, Joseph K. Barnes, John F. Hammond, Levi H. Holden, Elisha J. Bailey, Chas. C. Keeney, Geo. E. Cooper, Robert Murray, Glover Perin.

The Board also examined and approved the following candidates for appointment in the Medical Staff of the Army.

Robert Southgate, Virginia; Robert L. Brodie, S. C.; Dewitt C. Peters, N. Y.; Albert J. Myer, N. Y.; Nathaniel S. Crowell, S. C.; Joseph R. Smith, N. Y.; James T. Ghiselin, Md.; Pascal A. Quinan, Md.; John F. Randolph, Louisiana; James C. Herndon, Va.; George Taylor, Md.; John G. Gaenslen, Va.; George Hammond, Md.; William J. L'Engle, Florida; Bernard J. D. Irwin, N. Y.

A Naval Medical Board will assemble in Philadelphia, on the 6th of March, for the examination of Assistant Surgeons for promotion, and candidates for admission into the medical corps of the Navy. The Board consists of Surgeons THOMAS DILLARD, JOSEPH GREEN, W. S. W. RUSCHENBURGER, and A. A. HENDERSON.

☞ This number has been delayed a few days by the Transactions of the Medical Society of New Jersey.

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TRANSACTIONS

OF THE

NEW JERSEY MEDICAL SOCIETY.

MINUTES OF THE 88TH ANNUAL MEETING.

THE Eighty-eighth Annual Meeting was held in Temperance Hall, Trenton, January 24th, 1854, at 7 o'clock, P. M.

In the absence of the President, Dr. Dayton, first Vice President, called the Society to order.

A communication from the President, Dr. Lilly, was received, apologizing for his absence, on account of special engagements at Washington City.

On motion it was resolved, to have the Address of Doctor Taylor, of the preceeding year, read.

By request, Dr. Butler read the same.

The credentials of Delegates were read and accepted.

On motion, the Report of the Standing Committee was read by Dr. S. L. Condict—and laid upon the table.

Society adjourned to 9 o'clock, to morrow morning.

ROLL OF SOCIETY.

President, -	S. LILLY.
First Vice President,	A. B. DAYTON.
Second Vice President,	C. C. BLAUVELT.
Third Vice President,	A. LINN.
Corresponding Secretary,	J. PARRISH.
Recording Secretary,	W. PIERSON.
Treasurer, -	J. S. ENGLISH.

Standing Committee.—J. M. CORNELISON, S. L. CONDICT, C. COOK.

DELEGATES.

Essex.—A. N. Dougherty, J. H. Clark, I. A. Nichols, and J. F. Ward.

Passaic.—J. R. Riggs.

Morris.—J. Grimes, —Stiger, and L. Condict.

Warren.—P. F. Hulshizer, and J. D. Dewitt.

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Sussex.—F. Smith, J. L. Allen, A. D. Morford, and T. Roe.

Somerset.—J. W. Craig, P. D. McKissack, H. F. Vanderveer, and S. K. Martin.

Hunterdon.—T. E. Hunt, J. Blane, C. Bartolette, and W. S. Combs.

Mercer.—J. B. Coleman, J. Woolverton, G. R. Robbins, and J. Quick.

Burlington.—I. P. Coleman, W. Bryan, A. Elwell, and I. D. Young.

Monmouth.—R. R. Conover, A. B. Dayton, W. L. Debow, and J. S. English.

Camden.—A. D. Woodruff, B. Hendry, I. S. Mulford, and T. F. Cullen.

Gloucester.—B. P. Howell, F. R. Graham, J. R. Sickler, and J. F. Garrison.

Cumberland.—W. Elmer, G. Tomlinson, E. Bateman, and N. R. Newkirk.

FELLOWS PRESENT.

Doctors L. Condict, F. S. Schenck, J. H. Phillips, J. W. Craig, B. H. Stratton, Z. Read, L. A. Smith, and S. H. Pennington.

The following Committes were appointed.

On Treasurer's Accounts,—Z. Read, J. Blane, and J. F. Ward.

On Unfinished Business,—J. B. Coleman, I. S. Mulford, and J. R. Sickler.

Nominating Committee.—J. H. Phillips, Nichols, Riggs, L. Condict, Hulshizer, F. Smith, McKissack, Blane, Bryan, Debow, Hendry, Garrison, and Elmer.

An application from medical gentlemen of the County of Bergen, requesting authority to form a District Medical Society, for that County, was presented, and the request granted.

The Treasurer submitted a report, which was accepted and referred to the Committee on Treasurer's accounts.

The Committee on Unfinished Business, reported the alteration of By-Laws, submitted at the preceeding meeting in relation to the order of business, which was postponed for the present.

Also the amendment of By-Laws proposed by Doctor Ryerson, which amendment was discussed, amended, and adopted to read as follows—viz: That Chapter 7, Section 9, of By-Laws, be amended by adding the following proviso—viz: "Provided that a certificate of the employment of one year in the study of such branches of general science and learning, as may have been designated by this Society, according to section 5 of the Supplement to the Act incorporating the Medical Society of New Jersey, passed January 28, 1830, and a Diploma from any regularly

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chartered Medical College, whose course of study corresponds with that of the Colleges now recognized by this Society, be deemed a sufficient certificate of study to be presented to the Censors."

The Nominating Committee submitted their Report, which was laid on the table.

Fits Randolph's bill for advertising, was ordered to be paid, viz: $14.00.

The bill of $9.00 for use of the Hall, was referred to the Committee of Arrangements.

Doctor L. Condict, on behalf of a Committee of the Morris District Society, submitted a report and resolutions, relative to Empiricism in this State, which was read and ordered to lie upon the table.

A communication from Doctor W. Pierson, relating a case of triplet birth, was accepted.

Doctor L. A. Smith submitted resolutions in relation to the State Lunatic Asylum, for which substitutes were offered by Dr. Phillips, which were accepted and adopted as follows—viz:

Resolved, That as a profession we feel deeply interested in the treatment of the insane, and earnestly desire that the State should furnish such accommodations, as will fully meet the wants of that unfortunate class of the citizens of the State.

Resolved, That we believe the Asylum ought to be so enlarged as to accomplish this purpose; and that the profession should be properly represented in the board of managers.

On motion, *Resolved*, That a Committee be appointed to prepare a memorial, and submit the same to the Legislature at its present session, in relation to the foregoing resolutions. The following were appointed said Committee—Doctors Smith, Parrish and Phillips.

On recommendation of the Fellows present, Mr. Charles L. Pearson, of Trenton, was elected an honorary member of this Society.

The following application was received from the District Society for the County of Mercer, signed by the President of said Society.

TO THE MEDICAL SOCIETY OF NEW JERSEY.

"The District Medical Society for the County of Mercer, makes application to the "Medical Society of New Jersey, to revoke the License granted to James McClintock, of the City of Trenton, he having dishonored himself, by conduct unbecoming "a member of an honorable profession, as an agent in the publishing and vending of "what are usually denominated secret medicines."

By order of the Society,

TRENTON, *Jan.* 17, 1854. JOHN WOOLVERTON, *President.*

On motion, *Resolved*, That the notice given by the District Medical Society of Mercer to Dr. McClintock, was a legal notice of trial.

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The Committee on Treasurer's Account submitted a report, which was accepted.—The Committee find a balance in his hands of $258.87—and recommend to the Society, not to distribute any monies to the District Societies the present year; which recommendation was adopted.

On motion, *Resolved*, That the Society will issue the complaint of Mercer District against James McClintock at 2 o'clock, P. M., and that notice be given to him to that effect.

On recommendation of the Fellows present, Doctor H. A. Buttolph, of the New Jersey Lunatic Asylum, was elected an honorary member of the Society.

The Society proceeded to the election of officers; Doctors J. H. Phillips and J. H. Clark were appointed tellers.

The following were elected:—

President, -	A. B. DAYTON.
First Vice President,	C. C. BLAUVELT.
Second Vice President,	A. LINN.
Third Vice President,	J. B. COLEMAN.
Corresponding Secretary,	S. W. BUTLER.
Recording Secretary,	W. PIERSON.
Treasurer,	J. S. ENGLISH.

Standing Committee.—I. S. MULFORD, *Chairman*, B. HENDRY and R. M. COOPER.

CENSORS.

Passaic.—F. S. Weller, W. Rogers, L. Burr, and R. Whitely.

Essex.—W. Pierson, J. S. Crane, J. Q. Stearns, and J. H. Clark.

Morris.—J. B. Munn, I. W. Canfield, N. W. Condict, and R. W. Stevenson.

Warren.—S. S. Clarke, H. Hughes, P. F. Hulshizer, R. Byington.

Sussex.—F. Moran, A. D. Morford, J. L. Allen, and C. V. Moore.

Somerset.—J. W. Craig, F. S. Schenck, H. H. Vanderveer, and P. D. McKissack.

Hudson.—J. M. Cornelison, C. Cook, J. Thompson, and T. R. Varick.

Hunterdon.—W. Johnson, C. Bartolette, W. Creveling, and J. Blane.

Mercer.—J. B. Coleman, J. A. Johnston, J. Woolverton, and G. R. Robbins.

Burlington.—B. H. Stratton, D. B. Trimble, H. H. Longstreet, and I. D. Young.

Monmouth.—A. B. Dayton, R. W. Cook, J. S. English, and W. L. Debow.

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Gloucester—B. P. Howell, J. Fithian, J. F. Garrison, and J. R. Sickler.

Camden.—I. S. Mulford, A. D. Woodruff, O. H. Taylor, and C. D. Hendry.

Cumberland.—W. Elmer, G. Tomlinson, E. E. Bateman, and J. W. Ludlam.

Doctor Dougherty was appointed Essayist.

Society adjourned to 2 o'clock, P. M.

When again convened, it was on motion

Resolved, That action on the amendment of By-Laws reported by the Committee on unfinished business, in relation to the time of holding Annual Meetings, be postponed to the next meeting.

Resolved, That hereafter the Committee of arrangements be instructed to provide dinner for the members, at the expense of the Society.

Satisfactory information having been received that Doctor McClintock, owing to absence from town, had not received the notice required to be served upon him; *Resolved*, That his trial be deferred to the next Annual Meeting—that the complaint be referred to the Standing Committee, and that the Recording Secretary give notice to Doctor McClintock.

The irregularity in granting a Diploma noticed in the report of the Standing Committee, was on motion, referred to the Standing Committee, with the documents in relation to the same, to report at next meeting.

The Report and Resolutions from the Morris District Society, by Dr. L. Condict, were also referred to the Standing Committee.

The Preamble and Resolutions adopted by the District Society of Burlington, relating to the presentation of bills for professional services, were read, and, on motion of Dr. I. P. Coleman it was *Resolved*, That the Medical Society of New Jersey recommend to the several District Medical Societies, that their members adopt the plan of presenting their accounts for medical services rendered, at the close of each case of sickness, or on the first of the following month.

Doctor L. Condict, one of the delegates to the American Medical Association, made a verbal report.

The following gentlemen were appointed delegates to the next meeting of the Association, viz:

Doctors L. A. Smith, J. B. Coleman, and F. S. Schenck, with power to supply vacancies.

Resolved, That the next Annual Meeting be held at 7 o'clock, P. M.

Doctor Butler, of the Sanitary Committee, made a report.

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On motion, *Resolved*, That the report be accepted and published under direction of the Committee. (See Report marked D).

Doctor Parrish, Chairman of the First Scientific Committee, reported verbally, which report, with accompanying specimens, was accepted, and the Committee continued. Doctor Parrish resigned, and Doctor J. B. Coleman was appointed in his place Chairman of the Committee—all the other Scientific Committees were continued.

The President, Doctor Lilly, reported that he had granted Diplomas to nineteen candidates, on the presentation of College Diplomas, and five on Censors' Certificates.

Society adjourned.

WILLIAM PIERSON. *Rec. Sec.*

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REPORT OF STANDING COMMITTEE.

The Standing Committee of the New Jersey Medical Society for the year now closing, is composed of members residing in one locality, and meeting daily, in the *professional* as well as *common* walks of life. This novel feature in its formation originated in the recommendation of our immediate predecessors, in the belief, that if the Committee could conveniently meet often, the facilities for a full report would be greatly increased. It is a source of deep regret to the Committee, that this experiment should result so unsatisfactorily in its very commencement, and although we live in the "progressive age" when the word *impossible* is fast becoming obsolete, the experience of the Committee proves that the "making of bricks without straw" is an accomplishment quite as difficult of attainment in this nineteenth century as it was some 3000 years ago.

The efficiency of the Standing Committee, and, consequently, one of the most important objects of the Medical Association is almost entirely destroyed, by the general remissness of the Reporters of the several District Societies:—but four reports have been received from the entire State—and only one of these came to hand within the required time, thus leaving the duty of your Committee to be performed at the last moment, and from data reaching only a few localities. But it is not the desire or intention of the Committee to find fault with any of those who have come to their aid; on the contrary, they deem the Reporters from Gloucester, Sussex, Burlington and Hudson, as richly entitled to great merit for the minuteness of their several reports, as well as for the devotion which they manifest to the interests of the profession and the promotion of medical science—the allusion to tardiness is intended merely as a "*verbum sat, &c.*"

From the reports received, and such information as the Committee has been able to obtain from other sources, it appears that during the year, our State has been generally favored with immunity from severe diseases. The temperature during the winter and early spring months was not so low as usual, neither was it marked with so many sudden vicissitudes as we often experience; hence, the amount and severity of disease peculiar to those months was greatly diminished.

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The past summer has been one of unusual moisture, frequent and heavy rains, with weeks of cloudy weather, and this often succeeded by southerly winds and hot sun. As the natural consequence, miasmatic disease in its various phases has been very prevalent, assuming the Intermittent type, and generally yielding readily to the ordinary treatment. Later in the season, Remittent and Typhoid forms of fever became quite prevalent in certain sections, and in Burlington County, (see Report marked C.), "The cases assumed a more inflammatory character, with determination to the brain, followed by symptoms of continued and typhoid forms." In these cases, says Dr. Gauntt, blood-letting in the first stages afforded the most relief—and but few deaths ensued from this form of fever.

In Gloucester County, says Dr. Garrison, (see Report marked A.) our fevers have assumed more of a Remittent type than is common, and with very little tendency to the continued form; they readily became Intermittent, especially when aided by venesection and free mercurial purgatives.

Dysentery appears to have prevailed to more than its ordinary extent, through the State generally—but not in a severe form—and in most instances assuming the "Intermittent livery." In Burlington County, many districts have been entirely exempt from it, while in other localities it has appeared as endemic—but in a mild form. In the southern part of Medford Township (see Report marked C, 2) epidemic dysentery appeared early in July, and continued until the first of October. The number of cases was unusually large, but the fatality was very light. This was followed by "an abundance of Intermittent fever."

Dr. Coleman of Burlington County, (see Report marked C, 3) says "towards the close of the long continued hot weather of last summer, Dysentery succeeded sporadic cases of cholera-morbus and diarrhœa, in a form rendering it unequivocally epidemic, but proving fatal only to infants and young children."

Scarlatina, has, it is believed, generally been of a mild type; cases are reported from Gloucester, Sussex, Burlington and Hudson of this nature; but there have been many cases in other places, within the knowledge of your Committee, where it has appeared in its severest anginose form, and in all its terrors. Dr. Coleman mentions its epidemic appearance in Pemberton Township in April, in a mild form—and in the few cases of a higher grade which occurred, speaks highly of the "sedative effects of a low temperature."

Rheumatism has been a very prevalent disease. Dr. Ryerson, of Sussex, (see Report marked B.) says it has manifested "a marked tendency

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to metastasis, to important organs." In Burlington district it has existed with highly inflammatory symptoms, and in Hudson the same remark applies. Active antiphlogistic treatment has, however, rarely failed of success. Dr. Gauntt has been using "Veratrum Viride" as an arterial sedative in pneumonia and other inflammatory diseases, and pronounces it a "valuable therapeutic agent" for controlling the circulation, and producing diaphoresis by its nauseating properties. He used it in the form of a tincture as directed by Dr. Norwood, and gave 7 to 10 drops gradually increasing, until nausea was produced. In a recent case of Inflammatory Rheumatism, after free depletion, the "veratrum sabadilla" was used by one of your Committee with the happiest effects, and with the same object in view as detailed by Dr. G.; in this case the salt was used in doses of one-tenth of a grain every six hours gradually increased. The effect of Dr. Norwood's tincture in reducing the pulse is well established by its trial in the New York Emigrant Hospital, and it is hoped that during the coming year, the profession generally will give it, as well as the veratria a fair trial, and that our successors will be enabled to give a full report thereof at the next meeting of our Society.

Pulmonary diseases have, so far as we are informed, existed in about their usual proportion, during the year, nothing especially interesting presenting itself in this field, except in the reports from Gloucester and Hudson. During the winter and spring, these diseases were very generally complicated with a troublesome and painful ulceration of the mouth and fauces—appearing about the fourth or fifth day of the sickness, in isolated points of yellowish ulceration on the edges and tip of the tongue, on the gums, lips or tonsils, and more commonly on the fauces. Sometimes the gums were swollen and congested, simulating very closely indeed, the phenomena of mercurial ptyalism.

Whenever this affection was idiopathic, its treatment was simple and effectual, but when complicated with pulmonic disease, it generally resisted all treatment, and yielded only with the other disease. The above statement corresponds with the experience of your Committee in Jersey City and its vicinity.

Croup, in its most severe inflammatory form, has prevailed to a considerable extent in our immediate neighborhood, and in a number of instances has proved fatal, particularly, where the disease had made any progress, and the treatment was mild and simple. In the experience of your Committee the disease has yielded after free venesection, emetics of antim. et pot. tart., hyd. chlor. mit. and stimulating expectorants, but the proportion of fatal cases from this disease has created considera-

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ble alarm among our citizens, and the profession themselves have been anything but satisfied with any and all of the remedies which have been resorted to.

The tendency to cutaneous disease, in the form of purulent tumors, that has attracted the attention of the Standing Committee for two years past, still continues, and we believe to a greater extent than heretofore. Every part of our State of which the Committee have any knowledge, is affected with it, and it seems to prevail very generally throughout our country, as well as Great Britain, and on the Continent. The Reporter from Burlington County says, "every bruise, blow or scratch, however slight, is followed by a gathering, boil, carbuncle, whitlow, or some other disagreeable eruption, and the only remedy affording prompt and decided relief, was free incisions followed by warm fomentations." The same report alludes to the existence of Erysipelas of the head and face, as more frequent than usual. Several cases of this disease have fallen under the observation of this Committee, but there was nothing peculiar in their character or treatment.

Variola is evidently on the increase, both in the city and in the country—doubtless owing to the crowds of immigrants from the European shores—but this is not the only cause; vaccination has for years past been too much neglected by our entire population, and from the frequent occurrence of varioloid disease, there is reason to fear that our profession has not been as faithful in attending to their vaccinated patients as they should be. Dr. Ryerson, of Sussex, suggests that it should be enforced by penal enactments, and that it be the duty of the Assessor to enquire into the facts in each family, and enter the same in his returns.

The Standing Committee would respectfully recommend this matter to the attention of the Society at its present meeting.

Two cases of *placenta prævia*, are given in the report from Gloucester, in both of which the placenta was expelled spontaneously, some minutes in advance of the fœtus, without the occurrence of any hemorrhage, and with safety to the children in both cases.

One of these cases was that of twins, where "the extruded mass consisted of the double placenta, from which originated the cords of both the unborn children."

The same report gives an interesting account in detail, of a serious gun-shot wound through the knee-joint—it was made by a large boarding pistol loaded with slugs, the muzzle being within a few inches of the knee. The load perforated the inner condyle, passed through the joint, exposing the cavity, and carrying away a portion of the inner edge of the

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patella. The patient being a young man of perfectly temperate habits and of general good health, amputation was wisely deferred, for the purpose of trying to preserve the limb. In addition to the other treatment usual in such cases, resort was had to the constant application of iced water and pounded ice, and with the happiest effects, as, in about three months, the patient was able to leave his bed, with a limb anchylosed indeed, but yet straight and promising to be useful.

The attention of the Standing Committee has been called to a case of alleged irregularity in granting a Diploma to practice physic and surgery in this State. The facts in the case are not sufficiently before the Committee to enable them to judge fully of its merits, neither are the Rules and Regulations of the Society sufficiently explicit to meet all the points involved. The facts will therefore be stated without mentioning the names. A. B. received a certificate from a Board of Censors of his examination, but, from some cause unexplained to us, this certificate was not presented to the President of the State Society, until about twenty years had elapsed, and when so presented, there was no endorsement of the payment of $15, as required by our existing rules. The President being well acquainted with the applicant, and knowing him to have been a highly respectable practitioner, in good standing during this period, and being assured too that the sum of $15 was paid at the time of receiving the certificate, granted him the usual Diploma, with an interlineation that the license take effect from the date of the certificate.

Irregularity is charged—1st. On the unusual interval between the dates of the certificate and the diploma. 2d. On the interlineation as covering over a palpable violation of our laws, during the time he was practising physic and surgery "without a diploma from the Medical Society of New Jersey." 3d. That the certificate was not endorsed as required by the latter clause of sec. vii. chap. vii. By-laws.

In reference to the 1st charge, it may be said that our laws assign no limit to the validity of the certificate, *after* passing into the hands of the candidate on the contrary, sec. xi of the act of incorporation reads, 3rd line from top of page 11, "Which certificate, when presented to the President, &c."—*implying* at least, indefinite extension. In reply to the 2nd, it is stated that the applicant was not only personally well known to the President, but that he had been on two different occasions recognised as a regular practitioner, by the State and District Societies; his name appearing in the commissions issued for organizing District Societies—and to the 3rd charge, it is replied, that the President was satisfied of the fact that the fee had been paid, and that he could not learn that

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any endorsement was required by the By-laws in force at the time when this certificate was granted.

In the opinion of your Committee, the 2nd charge is the principal ground of complaint. By sec. xii, Act of Incorporation, "no person shall *commence* the practice &c. until he shall have passed an examination and *received a diploma from the Medical Society of New Jersey.*" *A certificate* of examination is certainly not a *diploma* from the Medical Society of N. J. Neither should the casual recognition by a District or State Society, in making such appointments, be construed into a virtual endorsement of perfect regularity; it was a valuable testimonial to his character and standing as a man, and as a judicious practitioner, and also of the *belief* that he was fully licensed—but a doubt on this subject probably never was entertained by any member of the Society, at the time of such appointment.

The Committee are unanimous and decided in their belief, that no wrong whatever was intended by either the President or the applicant—and inasmuch as they have never had any interview with any of the parties, and of course are not in possession of all the facts and reasons for such action, and inasmuch as some doubtful points are involved, they respectfully refer the whole matter to the Society for its final disposition.

It will be perceived by the Society, that the experience of the present year, in our reporting system, agrees with that of the past, and that each successive standing Committee makes the same complaint.

Is not some change in the system demanded? Your Committee unhesitatingly believe there is, and therefore endorse the suggestion of their immediate predecessors—that each Reporter be an ex-officio member of the New Jersey State Medical Society, &c., as will be seen on reference to the report of 1853.

The reports in the hands of the Committee contain many facts of interest, and some valuable suggestions which do not appear in this report, owing solely to the shortness of time allowed for its preparation.

Respectfully submitted.

J. M. CORNELISON,
CHARLES COOK,
S. L. CONDICT,
Standing Committee.

JERSEY CITY, *January* 22, 1854.

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[A.]

Report from Gloucester County.

To the Standing Committee of the Medical Society of New Jersey.

The diseases of this district preserve from year to year a very considerable uniformity, both in kind and general character. Having among us no large towns, whether seaport or manufacturing, we are not subject to many of the maladies which, either from a foreign source or domestic origin, are so constantly rife in such communities; and our whole section of country being cleared and under cultivation, and the greater part of it well drained, we are also, excepting along the creeks and rivers, free from any special causes of disease other than those arising from the variations of the seasons or unknown atmospheric agencies. So that unless affected by some prevailing epidemic influence, the disorders of one year are distinguished from those of any other only by differences of type and shades of peculiarity, which, although they are very important elements in both the prognosis and therapeutics of the practitioner, are of such a nature that they can be better apprehended at the bed-side than conveyed in a report. We have, during the past year, had no disease prevailing among us in the form, or with the generality, which would entitle it to be called an epidemic; even those affections which ordinarily assume that character, seem rather to have been confined to certain localities than diffused at large throughout the county. This was the case with an outbreak of *scarlatina*, which occurred at Mullica Hill, in the early part of the spring, it attacked a considerable number of families in that neighborhood and caused several deaths, although in general it took on the milder forms, and was amenable to proper treatment; a few cases, and but a few, were met with, scattered here and there in other sections of the district. Its contagious principle did not appear to be possessed of that activity and strength, which frequently belong to it, and which in many instances spread the disease with a terrible rapidity over whole communities.

Pulmonary complaints, in their various forms of pleurisy, bronchitis, and pneumonia, were presented to us in about their usual proportion during the winter and spring; they were not characterized by any peculiar severity, and would have required nothing more than a merely incidental notice, had it not been for the frequent concurrence with them,

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especially among children, of a species of ulceration about the mouth and fauces, which often formed a very troublesome and painful complication; it generally was complained of first about the fourth or fifth day of the sickness, at which time a few isolated points of yellowish ulceration might be seen upon the tongue, along its edges mostly, or about the tip, on the gums, lips or tonsils, or more commonly in the fauces; or the gums looked swollen and congested, simulating very strongly, both in their appearance and in the fetor which they emitted, the phenomena of mercurial ptyalism, so much so indeed, that when first seen in the earlier portion of the season, this was suspected to have been the cause of the affection, and the medicine in consequence more than once omitted, but many cases were subsequently noted where it came on, when no medicine of any kind had been administered, and others where it got well during the regular action of mercurial remedies; and others again, though not so numerous as those where it was in connection with affections of the lungs, in which it occurred as a purely idiopathic ailment In one of this latter class which came under our observation, we found that a large ulcer had penetrated entirely through the substance of the soft palate, forming an elliptical shaped aperture, which, though not without difficulty, was at length healed up by the persevering application of lunar caustic to the edges. But in whatever manner the disease may have commenced, the ulcerations soon extended over the whole interior of the buccal cavity, especially about the tonsils and the posterior pharyngeal region, adding very materially to the patient's sufferings, and making every attempt at deglutition so exceedingly distressing as in many instances to interfere with, or even prevent the proper administration of medicine or food. They occasionally passed downward into the larynx and gave rise to a species of croupy inflammation there, which complicated very seriously the original pulmonic disease. It was not noticed that they added really to the danger of the case, or aggravated the original affection of the lung, but they interposed such serious obstacles in certain persons, to the regular use of remedies, or proper diet, as may in that manner have tended to induce a fatal termination where it might otherwise have been avoided.

The treatment which was generally employed, consisted in the free use of astringent and detergent gargles for the milder forms, and strong washes of nitrate of silver, or, preferably, sulphate of copper in solution, pencilled on the sores, three or four times in the day for the more severe cases. When occurring idiopathically, it was by these means very readily arrested, but when intercurrent with the diseases of the lungs, it would

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often persist, despite all efforts at relief, until the pulmonary complaint began to yield, when it would rapidly subside. I now call to mind no case where it outlasted the original disorder. No alteration was found necessary in the general treatment of the affections of the lung, from that which is ordinarily called for by those diseases—bleeding, mercurials, antimony, purgatives and blisters were used singly, or in succession or combination, according to the character of the case and the constitution of the patient, and with quite the ordinary measures of success.

Our summer diseases, *diarrhœa* and *dysentery*, although not very materially lessened as to number, when compared with our last reports, were considerably lightened in severity. The mortality was slight, and the patients rapidly convalesced from the attack. The habitudes of dysentery are very peculiar in its disposition to affect certain limited localities, differing however, in different years. It has occurred to us several times to meet with it prevailing very generally and often fatally over an area of a few miles in diameter or circumference, attacking almost every family within that range, while but few would be disordered by it in any other portion of the county. In the succeeding years however, those parts which had at first been exempted, might one after another be subjected to it in a similar manner, although some locations seem to enjoy a more general immunity, and others to be more liable to the disease. It has not prevailed to any great extent, that we are aware of, over our county during the past year, beyond what is ordinarily met with as the result of the combined action of warm weather and imprudencies of diet. Since the middle of summer, those dwelling along our water courses have been very generally troubled with *intermittent and remittent fevers*, much more so than in some previous years. There are great differences in this respect from year to year, as is evidenced by a comparison of the reports of former seasons; upon what these differences depend is by no means well established. Whatever it may be, it must be very extensive in its operations, as it manifests an influence over a distance of many miles, upon the river shore, and also inland along every stream which flows into the river, causing a simultaneous prevalence or decline of the disease in every part of these extended sections. It is however, mostly limited in its action to the neighborhood of the water courses, and seldom prevails to any notable extent excepting in their immediate vicinity. The fevers of the present year have assumed more of a remittent type than is generally customary to them, but there was very little of the disposition to run into the continued form which is sometimes so strongly marked, and which when present in a decided manner causes many cases to pass

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into that tedious and dangerous state, notwithstanding all our best directed efforts to prevent it. During the present season, on the contrary, although they commenced in the remittent form, they were more disposed after a few days, especially where assisted by vss., or free mercurial purgation, to become intermittent, when they were easily controlled by the usual remedies. Venesection was very frequently demanded to modify the force of certain local determinations, or to induce an intermission in the fever, and it generally produced the very best results. In several cases, the period of the commencement of the paroxysm was marked, not by a chill, but by the occurrence of severe and long continued vomiting, which, unless checked, did not cease until the paroxysm had passed through all its stages; it was controllable in the majority of cases by the use of a pill of i gr. or ii gr. of opium, and the employment of the effervescing mixture as a drink.

Dr. Fithian, of Woodbury, reports two fatal cases of yellow fever in the neighborhood of Red Bank Ferry, both of which had been probably contracted in the infected district of Philadelphia. This was included between Lombard and Almond, and between Second street and the river, and was probably induced there by the cargo of the bark Mandarin, which was discharged at South street wharf, in the immediate vicinity of which was the greatest mortality and the largest number of cases. Dr. Howell (from whose essay before our semi-annual meeting the above facts are derived) has ascertained that there were in the city somewhere about 160 cases of this fever, of which number some 30 are reported as having recovered. Among the lodgers at the Hotels upon the wharves, there were many deaths, but only one is reported from the merchants who did business along the wharves; probably, thinks Dr. H., because they left the region before night, at which time he considers the miasm to have the greatest power. The streets which furnished the most of the cases were those next above the river front, two or three small courts and alleys extending lengthwise with the river, but narrow and confined, of these, the nearer the river were those most diseased, and of those more remote, the lodgers in chambers facing the river seem to have been more liable to the seizure: the treatment was various and unsettled, and as may be gathered from the statistics, far from satisfatory in its results.

Dr. Sickler reports two cases of *placenta prævia* which possess considerable interest as bearing upon the question so much mooted of late, as to the propriety of delivering the placenta in such cases, instead of turning the child. In both the instances referred to, the placenta was *spontaneously* expelled some minutes in advance of the expulsion of the fœtus,

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without the occurrence of any hemorrhage after the detachment of the placenta, and with safety to the children upon both occasions, although one of them was a case of twins, in which instance the extruded mass consisted of the double placenta, from which originated the cords of both the unborn children. These cases show the feasibility of the operation of delivering the placenta first, under certain favorable circumstances; but the advisability of the plan, and the determination of the conditions in which it should be practiced, must be decided by an induction from a larger number of cases than have yet been submitted to the professional public.

A case of gunshot wound penetrating through the knee joint, came under our notice in the early part of summer, of which we give the outlines, as a contribution to that very important part of surgery, relating to injuries of great joints. The patient was a young man of perfectly temperate habits, and general good health, although at the time of the accident he had just recovered from an attack of yellow fever, contracted in a southern port to which he had been trading, in his capacity as mate of a coasting vessel—the injury was caused by the discharge of a large boarding pistol filled with slugs, from the tube of which he was endeavoring to pull the cap; the load entered the femur of the left leg (which was in a bent position, and within a few inches of the muzzle of the pistol,) near its lower extremity, and perforating the internal condyle, passed through the joint, opening the articular cavity, and carrying away at its exit, a portion of the outer edge of the patella just above the insertion of the ligaments. In view of the great mortality attendant upon such wounds under almost any circumstances, an amputation was proposed in a consultation which was held soon after the case came under our notice; but as this was not until forty-eight hours after the injury, and as these had passed without any unfavorable symptoms either of excitement or depression, and in consideration of the temperate character and constitutional advantages of the patient, it was decided to defer it for a time, and to institute measures for endeavoring to preserve the limb. In addition to the antiphlogistic treatment required to quiet the arterial excitement, which was however, very slight, opiates and morphia were directed at such intervals, and in such quantities as were needed to soothe the nervous irritation. The local treatment consisted in the constant application over the whole joint, of cloths dipped in iced water, or pounded ice in substance, as recommended by MM. Guthrie and Baudens, the latter of whom speaks of it as having been used with signal success in the French army of Algeria, and during the revolution in

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Paris in 1848. The effect of it in the present instance was to quiet all severity of pain, and prevent any violent manifestation of articular inflammation throughout the whole duration of the treatment. The result of which was, that in about three months the patient was able to leave the bed with a limb, anchylosed indeed, but still straight and promising to be useful. The application of the ice was discontinued when suppuration was thoroughly established, and all spmptoms of local inflammation had subsided. Very respectfully yours.

J. F. GARRISON,
Reporter of the Gloucester District.

SWEDESBORO' *Gloucester Co.*

Dr. J. M. CORNELISON, *Ch'm. &c.*

[B.]

REPORT FROM SUSSEX COUNTY.

To the Standing Committee of the Medical Society of New Jersey.

A sufficiently comprehensive report of the diseases of so large a district as Sussex county cannot easily be given, owing to the difficulty of obtaining accurate details of its medical history. Such a report requires a regularly systematized method of obtaining facts.

I shall therefore confine myself to a few desultory statements as to the prevailing diseases of the past year, and a few hints on other matters of interest coming within your province.

The prevailing diseases of a series of years in this county are quite uniform, and the different years differ principally by reason of their different grades of severity. There are some epidemics which have never reached us. The facts in geology and in climatology, thereby indicated, may perhaps not always elude a diligent search.

Our prevalent diseases are inflammatory affections of the lungs, inflammatory rheumatism, measles, scarlatina, erysipelas, typhoid fever, and the miasmata, including dysentery. As an exception to the general rule above laid down, we have had for two years an endemic visitation of eczema impetigenoides. Here again, the ætiology is very desirable. But the causes of endemics are perhaps too recondite for human perception or reason.

Diseases of the respiratory organs have prevailed, both epidemically and sporadically, but there has been very little pleuritis. In the north-

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western part of the county occurred an epidemic of marked asthenic type, which attacked, principally, the extremes of life, and among the aged, was especially fatal. In these asthenic cases, I believe it is almost universal, that the mucous tissue everywhere is involved, and in these cases, mercurials often have to be resorted to very early.

But this treatment is not so necessary in the ordinary simple cases. And yet here, perhaps everywhere, it is adopted very often almost at the commencement. Antimonials do not produce their sedative effects when they excite intestinal irritation, and this they almost universally do, when given without opium. with this they are manageable even in large doses, in which their sedative effect is most marked. But because opium arrests the secretions, and in certain stages of diseases of the lungs, tends to produce coma, there is an unwillingness to prescribe it. The course often pursued, is to prescribe antimony singly, until it has even increased the original disease by creating a new focus of constitutional irritation, and then to resort to calomel. A few drops of laudanum at the commencement, joined with the antimony, and continued *pro re nata*, would save this necessity. But the case is even worse than this, for the irritation first excited by the uncombined antimony, is very apt to continue under the calomel, and render opium necessary, and that too at a stage of the disease when there is a real risk of coma.

Rheumatism has been unusually prevalent, with a very marked tendency to metastasis to important organs. The results of practice here, confirm the recent opinion, that blood-letting is especially adapted to this disease. The metastasis to the heart does not however, require such heroic venesection as is supposed and believed. I speak from experience of both modes. It is a question why this disease is so much more prevalent in the spring. It is said, I know not how truly,—that it is quite common among Indians. It is, with sailors and soldiers. Two years ago, after an epidemic of remittent fever in a certain part of the county, the convalescent patients were frequently attacked (after a few weeks, and as is said "after gaining very rapidly" and becoming fleshy,) with this disease. Is it not possible from the fact that Indians, sailors, and soldiers, at all times, and all people in the winter, eat more animal food, that it is a disease of excessive nutrition? I believe that chronic rheumatism is a disease of the chylopoietic viscera causing depraved nutrition.

The miasmata have presented no peculiarity. Their extent and severity bore a direct ratio to the intensity of their supposed causes. I have classed the dysentery of the same season with them, because of the marked periodicity of many of the cases. It may be however, as said

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by Dr. Rush, that it is only compelled "to wear their livery," having its own specific cause. In this disease acet. plumbi was used, by several practitioners, in large doses, but I have no report of its comparative efficacy, save from one, who speaks highly of it.

Though the miasmatic fever, in its severe forms, differs from typhus and typhoid fevers in its essential nature, it is often confounded with both, or rather, the old idea that typhus was the disease in all cases, is still entertained by some. Others who know the difference between typhus and enteric fevers, confound the remittent with this last, and as a consequence, there are some blunders in treatment. In the miasmatic fevers stimulants are often given, and cathartics withheld. The typhoid symptoms, in each case, may perhaps have their origin in the alimentary viscera, producing eccentric irritation of the nervous centres, but in one case certainly, it arises from follicular inflammation, and in another from congestion of the portal system or depraved secretions, and in the third, (typhus) perhaps from a similar cause.

Typhoid fever has prevailed in the past year with about an average mortality with former years. Turpentine, in certain stages indicated in Wood's Treatise, was found very beneficial. One case of fatal hemorrhage from the bowels, after incipient, decided convalescence, shows that the ulcerated follicles are not all healed at that time, and require care. The accident in this case followed a small dose of rhubarb.

Scarlet fever has been quite mild during the current year. I have however seen one case, fatal from the extension of the anginose affection into the larynx. As soon as the secretion from the membrane became established, it stopped the already swollen glottis. I have in three cases administered belladona in the minimum doses copied by Wood from Braithwaite, and found it much too large. It produced delirium in each case. The extract was from Scheifflin, Haines and Co., N. Y., prepared *in vacuo*, and this fact adds to the evidence already existing, of the superiority of their extracts.

I have no report on erysipelas except from Dr. Linn, who speaks very highly in praise of iron therein.

The eczema, to which I alluded, has been endemic in a certain district for about two years, sufficiently loathsome and uncomfortable, and yielding only to hepar sulphuris, to which however, it is quite amenable. Some of the cases resemble prurigo in its severe form, and some resemble scabies, which the people are disposed to call it, from which however it differs in several particulars, among others in not having its specific cure.

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Small-pox begins to show itself with increased frequency, and the disease has in each case within my knowledge, excepting one, been imported from New York by our own citizens. Vaccination is too much neglected. The legislature ought to enforce it by penal enactment, and make it the duty of the Assessor to mark opposite to each name in the Duplicate, whether every person was himself protected, and his family also, if he should have one.

This concludes all that I have to report in reference to prevailing diseases.

Among the "curious cases" of the county, one is important, viz: a case of menorrhagia, (the woman was not pregnant,) in which a clot caused concealed hemorrhage and dilatation of the uterus to the capacity of a five or six month's pregnancy. This fact bears on the use of the *tampon*.

Chloroform, which has been said to be so efficacious in puerperal convulsions, has been used in one case within my knowledge in hysterical convulsions with marked benefit, but it seems contrary to all science to apply it in eclampsia.

A case recently occurred, where a woman taken in labor with *placenta prævia* whilst alone, walked a quarter of a mile to her neighbor's, leaving a blood track the whole distance. When the accoucheur (who was not sent for in twelve hours,) arrived, the woman was *in deliquis*. Owing to his haste, he seized one foot, the other not being readily accessible, but owing to its lubricity, could not deliver until he had passed a fillet through the *os*, and around the extremity. To do this, he was obliged to pass both hands into the vagina, and even into the os, above which the foot was.

A case of presentation of the back, at the upper dorsal region, was delivered recently, or rather expelled, the practitioner not arriving until too late for turning. The neck was elongated, the sutures opened, the head flattened, and the vertex lying between the thighs, and yet the child was fully equal in size to the average. If the denuded cuticle is a proof of death, and incipient putrefaction dependent on the long time that had elapsed since death, then this child had been long dead. But this is not certain or uniform, for I delivered a fœtus thus situated, some months ago, which had been living the day before, which was proved by the wife's calling the husband's attention to the greatness of the motion.

I have the details of a case in which a child lived four weeks with a needle in the walls of the right ventricle, manifesting meanwhile all the symptoms of endocarditis, including anasarca.

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Every infraction of the law by physicians having no license, has been promptly dealt with. I am happy to say that no homœopathy, hydropathy, or chrono-thermalism, finds a lodgment with us.

As the subject of sanitary laws will be before the Society, would it not be well to suggest the propriety of legislation on vaccination. So too, there are other useful subjects to which to call the attention of the legislature, such as the alternate overflow and drainage of large tracts of land, the ventilation of public buildings, the construction of jails, the situation of cemeteries, the burial of dead carcasses, and the inspection of food.

Would it not be well also, for the State Society to adopt some system of reporting from each individual in the county, to the District Societies, and from them to you; and in addition, to make the period included in the reports uniform.

Such a system, by stimulating to more extensive and accurate observations and more rational deductions, would advance the general interest of the profession, and elevate its members, adding to the general fund of knowledge and expanding the intellect. Such a system would excite an *esprit du corps*, and tend to make our profession what it professes to be, the first in the rank of human occupations, as exhibiting the development of the moral and intellectual faculties; and enable its members, each, with truth to say, "*opiferque per orbem dicor.*"

THOMAS RYERSON.

Rep. Sussex Co. Dist. Med. Society.

NEWTON, *Dec.* 28, 1853.

[C.]

REPORT FROM BURLINGTON COUNTY.

To the Members of the Standing Committee of the Medical Society of New Jersey.

GENTLEMEN:—The District Medical Society for the County of Burlington having appointed me reporter, my office renders it incumbent upon me to present you with such information as I possess, respecting the general state of health, varieties of disease, and epidemics that have prevailed during this year, in this part of the State. The winter and spring months of the early part of the year were not so cold as usual, nor were they marked by those extremes of temperature, which so often occur in rapid succession at that season, in this latitude—consequently the amount

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of sickness was less than common. The diseases most prevalent, were Pneumonia, Pleurisy, and Acute Rheumatism; some cases of which were characterized by highly inflammatory symptoms; these were generally treated by blood-letting, tartarized antimony, mercurial or saline purgatives and diaphoretics—remedies, that when timely and properly employed, seldom disappoint the physician's expectations. But having seen much reliable testimony in favor of the use of Veratrum Viride, (American Hellebore,) in pneumonia and other inflammatory affections, as an arterial sedative, and having had patients suffering with pneumonia, with whom the use both of lancet and tartar-emetics were contra-indicated, I was induced to use this remedy as a substitute for both, and found it a valuable therapeutic agent.

W. C. Norwood, M. D., of Cokesbury, S. C., who first confidently set forth the virtues of this medicine, in controlling the action of the heart, uses a saturated tincture of the veratrum, which should be prepared from roots that have not been long kept.

Considering this remedy worthy at least a fair trial, we employed it with caution in three severe cases of Pneumonia preceeding its use, by free depletion and purgation; the effects of this medicine, however, were so marked, that we could not in justice attribute the improvement to anything else. Later in the season, as milder cases presented themselves, the powers of the Tincture of Veratrum alone were trusted to, for controlling the action of the heart and circulation. It certainly reduced the action of the heart, and the frequency of the pulse: it also produced diaphoresis and coolness of the surface, by its nauseating properties. It seemed to do that for the lungs which we do for an inflamed joint, when we keep it at rest. This remedy, by its sedative powers spares the exercise of the lungs, and prevents aggravation of the inflammation from that cause. The dose of the tincture is from seven to ten drops, gradually increased, until its nauseating effects are produced. The emetic effects of this drug, are not so violent and prostrating as tartar emetic—and can be repeated every hour or two, without producing excessive vomiting or purging. I would like the members of the profession in New Jersey to give it a fair trial at the bedside, before they reject it as a worthless hobby.

Dr. Norwood regards it as a sheet anchor in typhus and typhoid fevers, as well as in convulsions of children, from one year old and upwards, when there is a high degree of febrile excitement. "In hooping cough it stands unrivaled and alone, as a remedy that may be relied on, when accompanied by high fever." In the first and second of the above mentioned disorders, no opportunity has been offered to give this remedy a

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fair trial; but in hooping-cough it has been used with much satisfaction, accompanied by blisters on the nape of the neck, to allay nervous irritability.

During the first summer months we had many heavy rains and three or four weeks of cloudy weather, which served well the purpose of saturating the ground, covering the meadows and filling the ditches, by which we are surrounded with water, and at the same time producing a most luxurious growth of vegetation of every description. This damp and rainy weather was not followed by a northwest wind and a few cool days and nights, which is mostly the case after an unusual quantity of rain, but was immediately succeeded by southwest wind, accompanied by very hot suns, and the most extreme and protracted high temperature that has been known in this latitude for many years. By this sudden change, the low grounds were parched, and vegetation destroyed, giving rise to an abundant production of vegetable miasm; and it was not suprising that malarious fever was produced. The type of fever which prevailed as an epidemic, was of an Intermittent character: this extended to a greater or less extent over the whole township of Burlington. This fever generally yielded to the judicious administration of blue mass, saline cathartics and quinia.

There seemed to be, however, as the season advanced, a great disposition with some of the cases, to assume a more inflammatory character, with a determination to the brain, followed by symptoms of continued and typhoid fevers. Bloodletting in the first stages, afforded the most relief. There were but few deaths from this fever, and not a single one occurred under the observation of your reporter from Intermittent Fever, which is the only epidemic by which we have been visited during the past year.

Dysentery, was scarcely heard of during the summer months, neither was cholera infantum so prevalent as usual; when met with, it was of a mild form, and was frequently accompanied or followed by the prevailing epidemic. Persons living on the outskirts of the town, bordering on the creeks and meadows, were attacked by this fever without regard to age, sex, or condition; children from two weeks of age, and upwards, were frequently the victims of this miasma.

We have had the most conclusive evidence during the prevalence of this malarious fever, that those families living in houses situated nearest the creeks and meadows were more generally attacked with it, and that the fever and ague, seemed more firmly fastened to them, showing that their systems were more thoroughly impregnated with the poisonous exhala-

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tions from the parched meadows or dry borders of the streams from which the water had receded, in consequence of the dry weather; the latter being the most fruitful source of this koino-miasmata. These patients were, of all others, the least susceptible to the influence of medicine, and when they were cured, at least so far as to be entirely free from either chill or fever, a recurrence of the disease within two weeks was by no means rare; while those living within sixty feet of them on the opposite side of the street, were comparatively free from the effects of the poisoned atmosphere, excepting those who occupied houses which were opposite open lots, and of course free from the protection above alluded to; showing clearly that the progress of clouds loaded with these deleterious exhalations that are frequently seen on a summer or autumn evening, hovering over meadows, within a few feet of the ground, may be held somewhat in check, by a row of houses or a sufficiently high close board fence, as they seldom rise higher than twenty feet above the surface, unless agitated by winds, when they are carried with too much force and swiftness, to trouble the neighbors on the opposite side of the street.

There seems to be a something pervading the atmosphere of this vicinity, which predisposes almost every body who receives a bruise, blow, or scratch, however slight, to a gathering, boil, carbuncle, whitlow or some other disagreeable cutaneous eruption;—hundreds of men, women and children have been affected in this manner during the past year; the only remedy that afforded decided and prompt relief in whitlow and gathering, was free incisions into the part; a free discharge of matter always followed the knife, if judiciously managed; warm fomentations served to keep up the discharge, until the parts were restored to their former usefulness. Several fingers and thumbs have been sacrificed to the memory of Thomson, Hahnemann, and old ladies who sell plasters, "that never failed to cure a felon." Of the great number of sufferers, many fell into the hands of these unprincipled pretenders, but generally to their sorrow; for after passing weeks of sleepless nights and restless days, using "backening" herbs, or taking pellets to produce like diseases in all of the fingers, or applying something more tangible in the shape of cure-all salves, the patients were, in a majority of cases, obliged to go to a physician, and have the abscess freely opened, or perhaps, if too long neglected have one of the phalanges removed. Erysipelas generally confined to the integuments of the head and face, is another of the forms of cutaneous eruption that has been prevalent to more than usual extent. At the onset of this complaint, if the pulse was found hard as well as frequent, and there was much headache, and active delirium,

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bloodletting afforded great relief; but where there was evidence of debility; a feeble as well as frequent pulse, tremor, a dry and often brown tongue, the carbonate of ammonia, wine, or the sulphate of quinia in large doses conducted it more safely to a termination.

Dr. Trimble, of this city says, in reply to questions asked him by us, as reporter for this county, that the only disease that has occurred in his practice, during the present year, that could strictly be termed epidemic, has been Intermitting Fever. He had, through the summer a number of cases of dysentery, cholera-morbus and cholera infantum, but they did not prevail epidemically. Two cases of Cholera Asiatica occurred within his practice in the city; hooping cough and scarlatina have also come within his practice, but no fatal cases of either this year.

Dr. T., says the cases of Intermittent Fever have been more numerous than for five years past, and have usually assumed the quotidian, and double tertian type. These have been easily controlled by a prompt course of quinine, preceded generally by mercurial and saline purgatives. In a few cases the disease has assumed a typhoid character, but in none of those did it prove fatal. Three cases proved fatal, one an aged female, of rather intemperate habits, died in the third paroxysm—the other two were infants under twelve months of age—one died in the first, and the other in the second or third paroxysm. In three or four cases of children, the chill was accompanied by convulsions; none of these proved fatal, though no doubt the same cause, congestion of the brain, caused the death of the other two. A number of patients had a return of the disease, at periods varying from two weeks to three months; and in several of these quinine seemed to lose its influence. In about fifteen cases of this character, arsenic was prescribed alone, and in combination with quinine, with a promptly beneficial effect.

In reply to my second question,—what varieties of disease have come within your notice?—Dr. T. says, "I have had cases of Apoplexy, Arachnitis, Cerebritis, one case a man of intemperate habits, in which Dementia supervened for several months, and terminating in complete paralysis and death. Delirium Tremens, Epilepsy, Convulsions, Asthma, Bronchitis, Hæmoptysis, (one fatal case,) Phthisis Pulmonalis, Pneumonia, Ascites, Colic, &c., &c. I have had but few cases the past year of an unusual character, most of the diseases being those met with in general practice. The diseases have generally been mild; and there have been very few deaths, in proportion to the number who have been sick."

Dr. Butler gives the following reply to the reporter, which is submitted in his own writing, as part of the report.

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To FRANKLIN GAUNTT, M. D., *Reporter for Burlington County.*

DEAR SIR:—In reply to your circular, I have to say that the only disease worthy of being dignified by the term "epidemic," that has visited Burlington the past year, so far as my knowledge extends, was a mild form of intermittent fever, which prevailed pretty generally during the fall months. It however, yielded readily to rational treatment, where the patient was *entirely under the control of his medical adviser.* But unfortunately, no amount of caution and advice is sufficient to induce that care and watchfulness, which, in many instances is necessary to prevent a recurrence.

I venture briefly to record the outlines of a single case, which will serve to illustrate the difference between the active and expectant modes of practice in this complaint. I presume all our physicians could report parallel cases.

October 14, 1853. About noon, was called to see Julia F., residing in Beverly. She was a robust, hearty looking girl, but had been a victim for the period of nearly six weeks, *first* to an ague, primarily of the tertian, but latterly of the quotidian form; and *second*, to the heartless cupidity of quacks, and nostrum venders, who shamed not to eat up her hard earnings without rendering her the slightest equivalent. She had been in the hands of a homœopathic, who had fed her industriously on sugar pellets, served up with promises. But latterly, being tired of waiting for the "good time coming," when the medicine would "operate," she had assumed the responsibility of taking between meals, a quack "dead shot for the ague," which cost her a dollar a bottle. She had also taken quinia on her own prescription, or that of her mother, until it had produced its characteristic effect on the sensorium. All however, was to no purpose, for "she was none the bettered, but rather grew worse." The paroxysms recurred early every morning, and the febrile reaction confined her to bed till about noon of each day, she thus losing about half her time, besides the injury to her constitution. When I saw her, she had a sallow complexion, and the tongue had that peculiar sickly appearance like ærated ice, characteristic of the complaint. There was also pain and fulness in the region of the liver, and constipation. Gave ten grains of blue mass, to be followed in three hours by a dose of castor oil and ten drops of laudanum. At bedtime she was to take six grains of quinia, and early in the morning, before the time for the paroxysm to come on, to take six grains more of quinia and fifteen drops of laudanum, and drink plentifully of tea of cayenne pepper. The next day, found

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her at her work, having missed her ague. In about ten days saw her again, and found her as ruddy and fresh as if she had never been sick. She had *lost no time* from the first day that I saw her, which, from the fact of her being very poor, was a matter of importance to her. In consequence of exposure to cold and wet the preceding day, she had a chill on the fifteenth day, which however, readily yielded to treatment.

According to my experience and observation, this section of the county has been remarkably exempt from disease the past year. I have seen no dysentery, and besides the intermittent fever already adverted to, none of the phlegmasiæ, except a few cases of remittent fever of a typhoid type.

I refer to my older brethren for "anomalous cases."

There is one Thomsonian, alias "eclectic," and two homœopathic Doctors in Burlington. One of the homœopaths being armed with a diploma from a college whose graduates are entitled to a license from the New Jersey Medical Society, has naturally availed himself of the advantage, standing, therefore, as far as the *legal* honors of the Society are concerned, on the same platform with the most gifted and honored of our Fellows!

* * * * * * *

There is no doubt that in proportion as the members of our profession are true to themselves and to each other, will their influence predominate in our community. No form of quackery can *flourish* where the representatives of legitimate medicine are *united*.

I respectfully suggest, whether the influence and pretensions of quackery, may not in a measure be counteracted by the members of the profession taking some pains to keep each other apprized of the history and tricks of quacks. During the few years that I have been in the profession, I have noticed that it is the policy of many quacks, not to stay long in a place. Let the profession follow up these fellows, and expose their tricks, and I feel sure much good would result from it.

Very truly yours,

S. W. BUTLER,

BURLINGTON, N. J. *December* 23, 1853.

Dr. William Bryan, of Beverly, a borough on the banks of the river Delaware, about three miles below the city of Burlington, makes the following reply to a circular addressed to him by the Reporter for this county.

"During the last summer and fall months, we have had what may be safely termed an epidemic disease prevailing in this district, viz:—a troublesome form of remittent fever, of a low grade, tending almost inva-

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riably to typhoid, running its course in periods varying from seven to thirty days, generally terminating favorably. On or about the seventh day of this disorder, a rash or eruption made its appearance on the surface of the abdomen, if no change for the better took place by this time, the typhoid symptoms developed themselves more distinctly. Entire loss of appetite during the greater part of sickness, was a striking feature. There was seldom any appearance of special organic lesions."

Dr. W. L. Martin, of Rancocas, a small village about five miles southwest of this place, sends the following:—"Dysentery has prevailed to a limited extent in this neighborhood, but was confined to a particular locality along the Rancocas creek. This disease generally passed through families, each member being attacked with it although in different degrees of severity. One or two cases that proved fatal, had from the first a hard wiry pulse with great pain and tenesmus, in these cases the disease ran its course in about six days. Boils, felons, and a variety of skin diseases have been very prevalent."

He also says, "malarious disease of the intermittent type, has been much more common in this part of the country than it has been for several years past. It differed very little from the ordinary intermittent fever, but in many cases was accompanied or followed by profuse diarrhœa, sometimes taking on a dysenteric character.

"We have one Thomsonian Doctor in this village, who is a graduate of the Jefferson Medical College of Pennsylvania, and I have no doubt taken advantage of the existing laws of New Jersey, and obtained a license to practice."

The subjoined letters are from neighboring townships, and give a synopsis of the diseases that have prevailed in the eastern part of this county.

Yours, &c.,

FRANKLIN GAUNTT, M. D.
Reporter for Burlington County.

BURLINGTON CITY, *January 19th*, 1854.

[2.]

To DR. GAUNTT, *Reporter for Burlington County.*

MEDFORD, Dec. 1853.

During the latter part of spring and early part of summer, we had an epidemic Roseola which extended, so far as I am aware, considerably beyond our own limits—but the southern portions of our township,

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(Medford), seemed to be the centre of its most active operations. Almost all the children in this particular section, had the rash—and it was not wholly confined to them, for many adults suffered, and some under pretty severe attacks.

The rash sometimes closely resembled the rash of scarlatina, and in others, it more nearly resembled measles, without, in any case, putting on the crescentic appearance, usually observed in the latter complaint. It usually continued from two to five days; sometimes longer, and occasionally terminated in partial desquamation. Some fever, and slightly inflamed fauces were present in nearly every case; and about four-fifths of all affected, required no treatment, and were not confined to the house over a day. Yet a number did require treatment, and thereby an opportunity was given to see the disease in its mildest, as well as in its severest forms.

The disease could scarcely be considered of much importance, were it not a fact of some consideration, that scarlatina occurring during one of these epidemics, might be mistaken for roseola. Four cases came under my treatment, during the prevalence of the roseola epidemic, and in the earlier stages of each case it was impossible for me to make a satisfactory diagnosis. These were of the anginose variety—rash and fever existing some time before the disease of the fauces made much advancement. One of the four, a little girl 4 years old, died on the fourteenth day, the others recovered.

That epidemic roseola and scarlatina are distinct diseases, I have every reason to believe—yet it must be acknowledged, that when the two exist in the same neighborhood at the same time, it is frequently difficult to make out a clear and satisfactory diagnosis.

About the first of July, an epidemic dysentery commenced in the southern part of our township, and continued until about the first of October. I do not remember that we had had this disease, in our neighborhood in the form of an epidemic for eight years previous. In 1852 it occurred in Shamong township, confining its ravages to a thinly settled section of less than two miles in diameter. Thirty-three persons were attacked with the disease, and 11 died. The disease was extremely active, and showed itself in one of its most virulent forms. It occurred in September. The deaths were principally children. Evesham township was also in the same year visited with an epidemic dysentery, spreading over a large portion of its territory, but the proportion of cases was far less, and the deaths numbered but few.

The epidemic of this year, (1853,) confined itself principally to the

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southern portion of our township—but few cases happening in the town of Medford. The number of cases occurring in my own practice, and in that of the physicians occupying the same field with myself, as nearly as could be ascertained, is 65; 27 adults, 38 children—28 males and 31 females—8 deaths, chiefly children.

There was a remarkable sameness in the symptoms from the commencement of the epidemic to its close, and differed in no essential points, from the descriptions usually given of the disease. The treatment of course varied to suit the particular case. The main remedies used were opium and blue mass. Bleeding was not resorted to in a single case. Castor oil was given at the commencement,—though not invariably,—in the latter stages also, if needed to unload the upper bowels. Opium in half grain pills every three hours, and one-sixth grain of blue mass rubbed up with camph. water, gum arabic and sugar, about as often, formed the body of the treatment, assisted by injections if needed—by ipecac in the earlier stages, and by astringents in the latter stages, as the symptoms seemed to indicate. Children were treated with powdered opium, instead of pills—dose according to the age—in other respects as above.

I would remark, that I prefer opium in substance in the treatment of this disease; but the dose I think should not be too great, and frequently repeated. This keeps up a steady impression, which is short of that prostration which necessarily attends the exhibition of large doses of this drug. Blue mass I prefer to calomel, as the latter is more liable to irritate the stomach and bowels, but it should be well rubbed up with gum arabic and sugar with some menstruum, as its action is thereby rendered more certain. A number of cases of cholera infantum occurred, as is usual with us in the summer months. Three deaths.

Diarrhœa and cholera morbus, less than we usually have.

During the latter part of the fall we had an abundance of Intermittent fever—sometimes hard to break up, but usually yielding to the *grandest* of all remedies for this malady, quinine. I usually give 5 grains at a dose every two and a half hours until two or three doses are taken.

Yours most truly, A. E. Budd.

[3.]

To the Reporter of Burlington County.

Pemberton, November 29, 1853.

The epidemics which have occurred in this neighborhood, have been mild; not exhibiting any peculiar feature attractive to the pathologist.

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In April, the scarlet fever made its appearance in so simple a form, as to render the diagnosis of the first cases doubtful. Subsequently, the characteristic symptoms became more positively marked, and the anginose affection quite decided, but in no instance assuming a malignant character. In this locality, the malignant type seldom occurs. Only two or three epidemics presenting some such cases having prevailed during the last eighteen years.

The majority of the cases during the last epidemic, would fully have justified the declaration of our homœopathic friends, that, for scarlatina simplex, Beladonna is a specific: for in the language of Sydenham, it can only prove fatal through the officiousness of the doctor. The treatment of course was almost negative—a mild aperient sponging with tepid water, or diluted alcohol to allay itching and reduce the dermal temperature, with solution of bi. tart. potas. for drink, seemed to fulfil all the indications. In two or three cases, however, in which the anginose determinations were more urgent, the sedative effects of a low temperature were very satisfactory. In one case of high inflammatory type, and rapidly increasing anginose tumefaction, with large plastic patches on the mucous surfaces, coma and tetanic closure of the jaws, ice cold water applied to the head—cold cloths to the throat frequently renewed, and pieces of ice thrust into the mouth and throat, by forcibly opening the jaws, in five hours sensibly reduced the tumefaction, restored consciousness, and eventually a resolution of the engorgement without any material ulceration. Gargles of hydrochloric acid not only cleansed the glands and fauces of mucous and plasma, but communicated such a sensation of relief, that it is highly probable a modification of the vital movements more consistent with health was effected by it.

Towards the close of the long continued and unmitigated hot weather of last summer, dysentery succeeded sporadic cases of cholera morbus and diarrhœa. The cases were sufficiently numerous, and all other ailments partook enough of the characteristics of dysentery to establish its claim to an epidemic.

It proved fatal to a few infants and young children only. Although quite severe in the cases of many adults, they all recovered entirely without any chronic sequences. Many cases of considerable severity were managed domestically, in various ways, according to the genius of the family, some with calomel and castor oil, castor oil and laudanum, quack nostrums and astringent vegetable infusions. The anatomical character of the disease appeared to be ileo-colitis in most cases. The type of rather a typhoid tendency, although one of the most satisfactory cases treated during the season,

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was that of a young man in whom the disease was ushered in with extreme violence, tenesmus, active fever, hard resisting pulse, and raging headache: vs. ℥xvi.; hyd. chlo. mit. gr. x, ol. ricini ℥j—pediluv, tinct. opii. f℥j. and diaphoretic ptisan cathartic repeated next day, with tinct. opii. sufficient to overcome pain, and arrest peristaltic movement in the interval, caused a resolution of the disease in two or three days.

In the general course of treatment, those cases appeared to do best, where small alterative doses of blue mass or calomel were given, but in no instance was ptyalism induced.

Cupping, both dry and by scarification over the abdomen, was a valuable therapeutic agent, especially when followed unremittingly by fomentations. Practising upon the hint just obtained from the very excellent essay of the Editor of the Reporter, on the functions of the skin, I found tepid sponging and the warm bath, when feasible, of unquestionable utility. In one case of extreme gastro-intestinal irritability, when all ingesta were immediately ejected—from ice to chloroform—from gum arabic to brandy, in which emolients, cataplasms, and other contra-stimulants failed to give relief, immersions in the tepid bath every four or five hours, seemed to awaken the slumbering function of the skin, arrest centripetal determinations and save the little sufferers when apparently in articulo mortis. When the season had farther advanced, and the vicissitudes of temperature between the day and night were greater, the disease abated, and almost entirely disappeared in this district, followed, however, by a form of continued fever, assuming a course of two, three, or four weeks from the inception to convalescence. The main features were those of follicular enteritis. Although the remissions in the early period of the disease were well marked, quinia, in my hands, did not in one single instance arrest its progress, even when given to the amount of fifteen grains in the remission; such doses aggravated the cerebral symptoms and had to be discontinued, when the fever steadily pursued its course.

Of anomalous cases I have but little to say. Early in the year an acephalous fœtus was produced in my practice, with entire absence of the spinal column through the cervical and upper dorsal portions. The trunk and extremities were well developed, and its movements through the latter months had been unusually turbulent. In the entire absence of cerebro-spinal nervous influence on the heart, it illustrates the possibility of the early rythmical movements of that organ, (which are established before the nerves are formed,) being sustained during the whole intra-uterine period by its own inherent ganglionic system, aided per-

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haps, by the great sympathetic, after its developement. The stimulus of the circulating fluid on the endocardiac surfaces, in the first place excites contractility in the cardiac tissues by means of their proper ganglia. Secondly, reflexed power is derived from the great sympathetic ganglion with which it is subsequently brought into connexion. Respiration is more dependent on cerebro-spinal power, as not the least indication of any movement of that sort was made after expulsion.

A case of renal calculi, not anomalous in the physical condition, but so much so in the signs as to lead into error in the local diagnosis, has occurred. It was of many years standing; its character undoubted, accompanied with great neuralgic suffering. The pain and soreness excited by pressure, were so constantly referred to the region of the left kidney, that no doubt was entertained of its being the seat of the disease; autopsy however, showed the mistake. The left organ was hypertrophed with some granular erosions and calculous grit in two or three of the superior infundibuli, but not derangement enough to account for either the length of time or amount of suffering. The right kidney, to which no reference had ever been made, was atrophied, disintegrated in structure, and the pelvis blocked by a calculus, filling also, two or three of the infundibuli. The anomoly in this case, involved no practical difficulties, but shows that reflexed sympathies may lead to errors in local diagnosis.

We have no guerillas established in our field; occasionally a son of lobelia, with his pepper and steam comes hissing through our orbit, like a comet from the far off regions, and disappears as suddenly.

I. P. COLEMAN.

[D.]

Laws of New Jersey affecting the Life and Health of Man.*

I. COLONIAL LAWS.

(a) Acts passed in Sir George Carteret's time.

1668. May 30.—An Act for the punishment of the crime of murder, p. 78. †

1668. May 30.—An Act against drunkenness, p. 83.

1668. May 30.—An Act concerning taking away a man's life. (Only

* This compilation will be found to be very full, and may comprise the titles of some laws which might have been omitted. The compiler would have been glad to have revised the whole, but it involved more time and labor than he could spare. He hopes however, that the profession will find this paper, such as it is, a useful one for reference.

† The figures refer to "Grants, Concessions, Acts, &c., passed before the surrender to Queen Anne in 1702." By Aaron Leaming and Jacob Spicer. Phila. (No date).

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to be taken according to law, and at the mouth of two or three sufficient witnesses.) p. 84.

1668. Nov. 3.—An Act concerning ordinaries for the entertainment of travelers. (Forbids any, except ordinary keepers, to retail "Drink of what sort soever, under the quantity of two gallons." These ordinaries to be provided for by the town, and the keeper to have a license from the State Secretary, obliging himself to make sufficient provision of meat, drink, and lodging for strangers. Towns neglecting to provide such ordinaries, to forfeit *forty* shillings fine to the country, for every month's default. The last clause of the "item" reads as follows: "And no person whatsoever (as well the ordinary keeper as others,) shall retaile any sort of drink as aforesaid, under the quantity of two gallons, under the penally of paying ten shillings fine for every such default, to the country.") p. 87.

1675. Dec. 2.—An Act to record births, marriages, and deaths. (Fee to the clerk, three pence a name. Penalty for not reporting, *one shilling* for the first week, *two* for the second.) p. 100.

1677. Oct. 10.—An Act forbidding the selling of drink in private houses, or elsewhere, excepting by "such person or persons as are made choice of to keep ordinary in each town," in quantities less than one gallon. p. 127.

1677. Oct. 10.—An Act regulating the retail price of liquors. p.128.

1681. July 23.—An Act to forbid disposing of intoxicating drinks to the Indians. p. 137. (Laws on the same subject were passed before.)

(*b*) *Acts passed under the government of the twenty-four Proprietors.*

EAST JERSEY.

1682. March.—An Act against the crime of murder. p. 234.

1682. March.—An Act concerning domestic animals, by whose ferociousness human life is sacrificed. p. 234.

1682. March.—An Act punishing drunkenness. p. 242.

1682. Nov. Dec.—An Act to prevent tippling and other disorders in ordinaries, by town dwellers. p. 260.

1682. Nov. Dec.—An Act for regulating of ordinaries. p. 261. (Repealed, 1695. p. 312.)

1686. April 6 to 19.—An Act against wearing swords, duelling, &c. p. 289.

1692. Sept. Oct.—An Act prohibiting the selling of strong drink or liquors to the Indians. (Penalty changed from whipping to fining, in 1693. p. 327) p. 316.

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1692. Sept. Oct.—An Act for regulating of ordinaries, and raising excise upon strong liquors. p. 318.

1693. Oct. Nov.—An Act for taking off the excise, and empowering the Governor to grant license to ordinary keepers. p. 332.

1698. Feb. Mar.—An Act for the restraining and punishing of privateers and pirates. p. 363.

WEST JERSEY.

1681. Nov.—An Act to protect Proprietors, Freeholders, and inhabitants, in the enjoyment of life, limbs, liberty, &c., except by trial of jury of twelve good and lawful men. p. 428.

1681. Nov.—An Act forbidding the sale of strong liquors to the Indians. p. 434–5.

1682. May.—An Act, additional to the preceding. p. 445.

1682. May.—An Act to prevent clandestine and unlawful marriages. p. 446.

1683. May.—An Act for preventing of swearing, drunkenness, whoredom, and profaneness. p. 460.

1683. Sept.—An Act for a public registry of immigrants. p. 479.

1684. May.—An Act similar to the last. p. 495. (Good acts!)

1692. Nov.—An Act for suppressing selling rum, &c., to Negroes or Indians. p. 512.

1694. May.—An Act discouraging whoredom and adultery. p. 527.

(c) *Acts passed after the surrender of the government to Queen Anne in* 1702. (*Queen Anne's reign began March* 8, 1702.)

1702. Queen Anne's instructions to Lord Cornbury, her first Governor. A yearly census ordered to be taken; also, registries of births, christenings, and burials, to be made. p. 634. Drunkenness and debauchery to be discountenanced. p. 639.

1704. Dec. 12.—An Act for suppressing of immorality. p. 3.* (Drunkenness, tippling, adultery, fornication, *inter alia*.)

1709. April 4.—An Act for the relief of the poor. p. 8.

1709. April 4.—An Act for regulating of Ordinaries. (Supplied and repealed by an act passed March 15, 1739.) p. 9.

1717. Jan. 26.—An Act for laying an excise upon all strong liquors retailed within this Colony of New Jersey. (This act expired by limitation, March 1, 1722.) p. 42.

1719. March 27.—An Act to prevent clandestine marriages. p. 53.

* The figures refer to "Acts of the General Assembly of the Province of N. Jersey." By Samuel Allinson, Burlington, 1776.

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1719. March 28.—An Act to restrain Tavernkeepers and retailers of strong liquors, from crediting any person more than ten shillings. (Supplied and repealed by an Act passed, March 15, 1739.) p. 61.

1725. Aug. 13.—An Act regulating the packing of Provisions. (Supplied and repealed by an Act, March 11, 1774.) p. 71.

1730. July 8.—An Act imposing a duty on persons convicted of heinous crimes; and to prevent poor and impotent persons from being imported into this Province of New Jersey, &c. p. 84.

1739. March 15.—An Act for regulating Taverns, Ordinaries, Innkeepers, and retailers of strong liquors. p. 102.

1741. Nov. 4.—An Act to prevent the destroying and murdering of bastard children. p. 122.

1748. Dec. 16.—An Act for the more effectual preventing of Lotteries, playing of Cards and Dice, and other gaming for lucre of gain; and to restrain the abuse of Horse racing within this Colony for the future. p. 187.

1751. Oct. 23.—An Act to restrain Tavernkeepers and others from selling strong liquors to Servants, Negroes, and Mulatto Slaves, &c. p. 191.

1751. Oct. 23.—An Act to prevent the exportation of unmerchantable Flour to foreign markets. p. 193. (This Act expired by limitation, March 1, 1752. For its details, see "*Nevill's Acts of N. J.*" p. 445.)

1758. April 15.—An Act for preventing Spirituous Liquors being sold to common soldiers without leave from proper authority, &c. p. 218.

1758. Aug. 12.—An Act for the settlement and relief of the Poor. p. 222. (For details, see Nevill, Vol. 2. fol. pp. 217, &c.)

1760. Dec. 5.—An Act for the preservation of the Public Records of the Colony of New Jersey. p. 233.

1761. Dec. 12.—An Act effectually to prevent Horse-racing and Gaming in the Province of New Jersey. p. 241.

1768. May 10.—An Act for the better regulating Constables, Vendues, and Taverns. p. 302.

1772. Sept. 26.—An Act to regulate the practice of Physick and Surgery within the Colony of New Jersey. p. 376. (Limited to five years from its passage.)

1772. Sept. 26.—An Act to prevent the exportation of unmerchantable Flour to foreign markets. p. 378. (Limited to seven years from November 1, 1772.)

1772. Sept. 26.—An Act to prevent abuses in the packing of Beef and Pork, and for ascertaining the size of casks and the quantity that

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shall be put into each. p. 384. (Supplied and repealed by an Act passed March 11, 1774.)

1774. March 11.—An Act for regulating Roads and Bridges. p. 386. (Sec. 15 imposes a penalty on employers or laborers for asking for liquor on the road.)

1774. March 11.—An Act for the settlement and relief of the Poor. p. 403. (Contains 35 sections.)

1774. March 11.—An Act to regulate the packing of Beef and Pork and to ascertain the size of casks. p. 450. (To continue seven years.)

II. STATE LAWS.

1776. An Act for the Preservation of the Public Records of the State. 25*.

1777. March 14.—An Act to prevent the Distilling of Wheat, Rye, and other grain. 25.

1777. June 6.—An Act to suspend the operations of an act entitled "An Act to prevent the Distilling of Wheat, Rye, and other Grain." 66. (This act was suspended "until the distilling of Grain shall be prevented by Law in the States of Delaware, Pennsylvania, and New York, and no longer.")

1777. Sept. 20.—An Act was passed substituting the word *State* for *Colony*, in commissions, writs, and other process. 92.

1779. May 28.—An Act to prevent idle and disorderly persons misspending their time at Public Houses, and for the suppression of other immoralities. 53 (?) (Repealed by an act passed Sept. 27, 1781.)

[Acts called for by the exigencies of the times, forbidding the exportation of provisions, or withholding from sale the necessaries of life, are omitted in this catalogue.]

1779. June 8.—An Act to amend an act, entiled "An Act for the settlement and relief of the Poor," passed 11 March, 1774. 67. (Who to support.)

1782. Sept. 27.—An Act to repeal an act entitled "An Act to prevent idle and disorderly persons mis-spending their time at Public Houses, and for the suppression of other immoralities," passed May 28, 1779. (This act revives the several parts of acts therein repealed, which acts were passed, Dec. 12, 1704; March 15, 1739; and May 10, 1768.)

1782. Nov. 15.—An Act for the relief of the Poor of the North Ward of the City of Perth Amboy. 4.

*The figures designate the pages in the Pamphlet Laws of the Commonwealth.

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1783. An Act to repeal an act, entitled "An Act to prevent the distillation of Wheat, Rye, and other Grain," passed March 14, 1777. 8.

1783. An Act to repeal an act, entitled "An Act for the settlement and relief of the Poor," passed June 8, 1779. 8.

1783. June 19—An Act to revive an act, entitled "An Act to regulate the packing of Beef and Pork, and to ascertain the size of Casks," passed March 11, 1774. 74.

1783. June 19.—An Act to revive and continue an act, entitled "An Act to prevent the exportation of unmerchantable flour," passed Sept. 26, 1772. 74.

1783. Nov. 26.—An Act to regulate the Practice of Physic and Surgery in this State. 7.

1783. An Act to procure an estimate of the number of Inhabitants in the State of New Jersey. 71.

1786. An Act supplementary to an act entitled "An Act to regulate the Practice of Physic and Surgery in this State," passed Nov. 26 1783. 338.

1790. An Act to incorporate the Medical Society of N. Jersey. 590.

1790. An Act to regulate the granting of Licenses for Taverns and Inns. 617.

1790. An Act to suppress Vice and Immorality. 619.

1790. An Act for the registry of Marriages, Births and Deaths. 661.

1790. An Act for the punishment of Manslaughter, &c. 725.

1795. An Act for the support of Idiots and Lunatics, and for preserving their estates. 981.

1795. An Act concerning Marriages. 1004.

1796. An Act for the relief and employment of the poor in the county of Salem. 51.

1796. March 18.—An Act for the Punishment of Crimes. 92.

1797. An Act to prevent the importation of convicts into this State. 131. (Repeals act of July 8, 1730, respecting duty on convicts, and importation of the poor.)

1797. An Act to prevent the use of spirituous liquors at vendues. 165. (Repeals former acts.)

1797. Feb. 13.—An Act for suppressing Lotteries. 166. (They are declared common nuisances.)

1797. Feb. 24.—An Act concerning Inns and Taverns. 180. (Repeals former Acts).

1798. An Act to carry into effect the act of March 18, 1796, for the punishment of crimes. 280.

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1798. An Act to suppress vice and immorality. 399. (Repeals acts of Dec. 12, 1704—June 12, 1790—Nov. 20, 1790, for the relief of certain religious societies, and all other acts within the purview of this act. Prohibits Business and Diversion on the Sabbath—cursing—swearing—drunkenness—exhibitions—disturbers of religious meetings. Prosecutions, &c., against offenders.)

1799. May 27.—An Act to register Births and Deaths when required. 514.

1799. An Act to punish venders of unwholesome Provisions or Liquors. 517.

1799. An Act to prevent the exportation of unmerchantable flour. 534. (Repeals act of June 19, 1783.)

1799. An Act regulating the packing of Beef and Pork. 534. (Repeals act of June 19, 1783.)

1799. Nov. 19.—An Act to provide for the security of the citizens of this State against the introduction of contagious diseases. 567. (In what cases the Governor shall prohibit communication with infected vessels.)

1799. An Act to provide against contagious diseases. 654.

1801. An Act amending an act, entitled "An Act concerning Inns and Taverns," passed Feb. 24, 1797. 61. (Applicants for license how to be recommended).

1801. An Act supplementary to an act, entitled "An Act for the settlement and Relief of the Poor," passed March 11, 1774. 107.

1802. Sept. 2—An Act to regulate the packing of Beef and Pork for exportation. 190.

1804. March 1.—An Act supplementary to an act, entitled "An Act for the support of Idiots and Lunatics," passed Nov. 21, 1795. 328. (How cases are to be determined. Mode of proceeding, &c.)

1807. An Act to prevent keepers of Inns and Taverns from entertaining minors. 51.

1807. An Act ratifying and confirming the proceedings of the Medical Society of New Jersey. 54.

1812. Feb. 3.—An Act to prevent the introduction of malignant and other infectious diseases into the City of Perth Amboy. 19. (Regulations as to vessels arriving.)

1814. An Act to restrain the selling of liquors, and to prevent Tippling houses. 78.

1816. An Act supplementary to an act, entiled "An Act for the settlement and Relief of the Poor," passed March 11, 1774. 24. (Re-

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peals 17th sec. of said Act.—(What relatives to support each other.)

1816. Feb. 15.—An Act to incorporate the Medical Society of New Jersey. 29.

1818. An Act supplementary to an act, entitled "An Act to incorporate the Medical Society of N. Jersey" passed Feb. 15, 1816. 95. (Repeals sec. 7 of the original act.)

1819. An Act supplementary to an act, entitled "An Act respecting Inns and Taverns," passed Feb. 24, 1797. 28. (Penalty for keeping up sign without license).

1820. Feb. 28.—An Act concerning Idiots and Lunatics. 91. (Repeals acts of Nov. 21, 1794—March 1, 1804—and Feb. 12, 1818.)

1820. An Act to alter and amend certain acts concerning Inns and Taverns. 150.

1820. An Act supplementary to an act, entitled "An Act for the settlement and relief of the Poor," passed March 11, 1774. 166.

1820. An act supplementary to an act, intitled "An Act for the relief and employment of the Poor of Salem Co." passed March 12, 1796. 211.

1822. An Act to regulate the packing of Herring for exportation. 14.

1823. Dec. 2.—An Act supplementary to an act, entitled "An Act concerning Idiots and Lunatics," passed Feb. 28, 1820. 51.

1823. Nov. 28.—An Act supplementary to an act, entitled "An Act to incorporate the Medical Society of New Jersey," passed 15 Feb. 1816. 56. (Repeals sec. 6 of said Act).

1824. An Act relative to a Census of the State of N. Jersey. 202.

1825 Nov. 24—An Act further supplementary to an act, entitled "An Act to incorporate the Med. Soc. of New Jersey," passed Feb. 15, 1816. 38.

1828. Feb. 28.—An Act providing for the safety of Travellers. 110. (Regulations for steamboats, stages, &c.).

1828. March 6.—An Act supplementary to an act, entitled "An Act regulating Inns and Taverns," passed Feb. 24, 1797. 202.

1829. Jan. 23.—An Act to incorporate the City of Jersey City. (Sec. 9). 30.

1829. Jan. 28.—An Act supplementary to an act entitled "An Act to alter and amend the act entitled 'An Act concerning Inns and Taverns,'" passed 1 June, 1820. 39.

1829. Feb. 17.—An Act for the punishment of crimes. 109. (See Acts of March 18, 1796—suppl. May 31, 1821—suppl. Nov. 1820—suppl. 7 March, 1828—and suppl. of the present year. 95.)

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1829. Feb. 17.—An act making provision for carrying into effect the "Act for the punishment of Crimes," passed Feb. 17, 1829. 133.

1829. A Resolution respecting the prevalence of Intemperance. 139.

1830. Jan. 28.—An Act to incorporate Medical Societies to regulate the practice of Physic and Surgery in this State. 19. (Medical Societies constituted bodies corporate in the different counties where they are formed. Repeals the several Acts incorporating the "Medical Society of New Jersey," and supplements of 1816, 18, 23, and 25.).

1831. An Act relative to the Census of N. J. of 1830. 167.

1833. Feb. 12.—An Act supplementary to an act entitled "An Act concerning Idiots and Lunatics," passed Feb. 28, 1820. 91.

1833. Feb. 15.—An Act supplementary to an act entitled "An Act respecting Inns and Taverns," passed June 1, 1820. 105.

1835. An Act to prevent the burning or vending of Fire-crackers. 57.

1835. An Act to provide for a Mineralogical and Geological Survey of the State of New Jersey. 90.

1835. An Act further supplementary to an act entitled "An Act for the relief and employment of the Poor of Salem Co.," passed March 12, 1796. 120.

1836. An Act regulating the re-packing of Beef and Pork for exportation. 234. (Supplementary to an act passed Sept. 2, 1802).

1836. An Act for the relief of the Poor. 387. (Exempts certain articles from execution.)

1838. An Act abolishing the punishment of death in certain cases. 183. (Murder to be in three degrees.)

1838. An Act further supplementary to an act entitled "An Act concerning Inns and Taverns," passed 24 Feb., 1797. 241. (Indictments may hereafter describe the liquor sold as *ardent spirits*. Repeals all other acts.)

1839. An Act further supplementary to an act entitled "An Act concerning Inns and Taverns," passed Feb. 24, 1797. 79.

1839. An Act supplementary to an act entitled "An Act concerning crimes," passed 17 Feb., 1829. 147.

1839. A Resolution reepecting Idiots and Lunatics, and to ascertain their number and condition. 241.

1840. An Act further supplementary to an act entitled "An Act concerning Idiots and Lunatics," passed Feb. 28, 1820. 27.

1840. An Act further supplementary to an act entitled "An Act for the relief of the Poor of Salem Co." passed March 12, 1796. 63.

1842. An Act further supplementary to an act entitled "An Act concerning Inns and Taverns," passed Feb. 24, 1797. 97.

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1842. An Act further supplementary to an act entitled "An Act respecting Idiots and Lunatics," passed Feb. 28, 1829. 138.

1842. A Resolution to appoint Commissioners to select a site for a State Lunatic Asylum. 183.

1843. An Act respecting poor Idiots and Lunatics. 82.

1844. An Act supplementary to an act entitled "An Act for suppressing Lotteries," passed Feb., 13, 1797. 179.

1845. March 26.—An Act establishing the New Jersey State Lunatic Asylum. 164.

1846. An Act supplementary to an act entitled "An Act establishing the N. J. State Lunatic Asylum," passed March 26, 1845. 126.

1847. An Act to provide for the organization of the State Lunatic Asylum. 18.

1847. March 3.—An Act concerning Inns and Taverns. 158. (Rev. Stat. 577.)

1847. An Act making an appropriation for furnishing and conducting the New Jersey State Lunatic Asylum. 167.

1848. An Act for the Registry of Births, Marriages, and Deaths, in New Jersey. 155.

1848. An Act supplementary to an Act entitled "An Act concerning Inns and Taverns," passed March 3, 1847. 183. (Repeals former acts.)

1848. Three Acts supplementary relating to the New Jersey State Lunatic Asylum. 209, 213, 218.

1849. An Act further supplementary to an Act entitled "An Act concerning Inns and Taverns, passed March 3, 1847. 61.

1849. Two supplementary Acts relating to the N. Jersey State Lunatic Asylum. 240, 267.

1849. An Act further supplementary to an Act entitled "An Act supplementary to an Act entitled "An Act for the punishment of crimes." passed Feb. 17, 1829. 266 (This Act imposes a penalty of $1000 fine, or imprisonment for fifteen years, or both, for causing or procuring miscarriage of a woman pregnant with child.)

1850. An Act supplementary to an Act entitled "An Act to incorporate Medical Societies," passed Jan. 28, 1830. 3. (Fund for the support of Widows and Orphans authorized.)

1850. An Act incorporating the Parkeville Hydropathic Institute. 71.

1850. Two Acts supplementary to an Act relating to the N. Jersey State Lunatic Asylum. 157, 234.

1851. March 14.—An Act supplementary to an Act entitled "An Act to incorporate Medical Societies, for the purpose of regulating the

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practice of Physic and Surgery in this State," passed Jan. 28, 1830. 284.

1851. March 15.—Two Acts supplementary to an Act entitled "An Act to authorize the establishment of the N. Jersey State Lunatic Asylum," passed March 26, 1845. 316, 321.

1851. March 18.—An Act to limit the hours of labor, and to prevent the employment of children in factories, under ten years of age. 321.

1851. An Act in relation to the supplying the Townships of Hoboken, Van Vorst, and the city of Jersey City, with pure and wholesome water. 389.

1851. March 19.—An Act supplementary to an Act entitled "An Act relating to the registry and returns of births, marriages, and deaths in the State of N. Jersey," approved March 3, 1848. 434.

1852. Feb. 11.—An Act to authorize and empower the inhabitants of the City of Trenton, to construct works to supply said City with water, and to provide means therefor by loan. 9.

1852. Feb. 11.—Three Acts supplementary relative to Idiots and Lunatics. 74, 91, 533.

1852. March 23.—An Act to prevent the importation of paupers and vagrants into certain counties of this state. 277.

1852. March 24.—An Act supplementary to an Act entitled "An Act for the suppression of Lotteries," passed Feb. 13, 1797. 348.

1853. March 3.—An Act relative to habitual drunkards. 237.

1853. March 10.—An Act relative to the Lunatic Asylum 383. (Enlargement.)

1853. March 10.—A resolution relative to a State Prison Hospital. 488.

SUMMARY.

Acts relating to, Capital Crimes, 12.—Drunkenness, and other immoralities arising from intoxicating beverages, 48.—Registration of Births, Marriages, and Deaths, 6.—Relating to domestic animals by whose ferociousness life is endangered, 1.—Carrying offensive weapons, duelling, &c. 1—Piracy, &c., 1.—Marriages, 3.—Registry of immigrants, 2.—Social vices, 8.—Census, 4.—The relief of the Poor, 14.—Packing and exportation of provisions, 12. Against importing poor, and impotent persons, and convicts, 3.—Lotteries, horse-racing, Gaming, &c., 5.—To preserve Public Records, 2.—To regulate the Practice of Physic and Surgery, 12.—In relation to to distilling wheat, and other grain, 2.—Idiots, Lunatics, and Lunatic Asylum, 25.—Unwholesome provisions, 1.—Contagious diseases, 3.—Safety of Travellers, 1.—Sanitary measures in cities, 3.—Mineralogical, and Geological Survey, 1.—Fire crackers, 1.—Hydropathic Institute, 1.—To limit the hours of labor, and prevent the employment of children in factories under ten years of age, 1.—State Prison Hospital, 1.—Total, 174.

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THE

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The Speculum and its modifications—its importance in the treatment of Diseases of Females, with some cases illustrative. A Lecture delivered at the N. Y. Preparatory School of Medicine, by AUGUSTUS K. GARDNER, M. D., Instructor in Obstetrics and Diseases of Females—one of the Committee on Obstetrics, &c., N. Y. Academy of Medicine, &c., &c.

WITHIN the last few years, a very great change has taken place in the treatment of the diseases of females. Even the nomenclature has been changed, and terms that were once indicative of diseases, are now considered as designating symptoms only. In the same manner that the telescope analyzes the milky way, the speculum has made clear to us what was once hazily considered to be a disease denominated Leucorrhœa. The scalpel of the dissector evinces that Dropsy is not a disease, but the symptom—often the fatal one—of other grave, frequently remote, organic changes in the system. Dropsy is no longer known among the educated as a disease. Leucorrhœa now shares the same fate; it is but a generally trivial and unimportant symptom of other serious trouble.

The speculum uteri has been found among the ruins of Herculaneum, where it was buried A. D., 79, and where, till recently, it remained, without any account of it left in any manuscript, to lead us to suspect its use, unless we except Morgagni's doubtful allusion to it. It was, however, re-invented in 1816, by Recamier, (deceased in 1852,) and its introduction into practice has shed a flood of light upon the diseases of females. Formerly, I saw it much employed in Paris, not unfrequently upon eighty women a day, and although it was then used very indiscriminately, and, as experience has subsequently shown, often very unnecessarily and sometimes injuriously, I was firmly convinced of its utility in many cases. On my return to this country, I brought with me this instrument, and have never ceased using it in dispensary and private practice, with marked utility to myself in the diagnosis of diseases, and of unquestionable benefit to numerous patients in their treatment.

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Since that period, this instrument has come into general use, and I may add, into frequent abuse.

But there are still many who deny its utility,—not in cases of syphilis or cancer, where tumors exist, &c.—cases where generally it is either useless or impossible to be advantageously employed—but in cases of continued leucorrhœa, menorrhagia, abortion, &c. Now, I propose in this lecture, to give my opinion upon the character of cases in which this instrument is applicable, and, as I may chance to remember, will illustrate my remarks by cases from my own experience.

There are several varieties of persons who oppose the use of this instrument. 1. Those who cannot see—and we will not endeavor to convince them of its utility.

It is impossible to view the os uteri with the speculum in one hand, and an eye-glass in the other. So it is also equally impossible, with an ultra-squeamish patient, whose last thought is to accommodate herself to the necessary requirements of the medical attendant.

2. Another class is found in those whose early essays in introducing the speculum, did not result in bringing the os into view. They saw nothing, and think no one sees anything. Not unfrequently where the amount of the disease is greatest, there is most difficulty in "finding the os." Notwithstanding the familiarity acquired by constant practice, I am not unfrequently compelled, rather than continue too long a sometimes painful manipulation, to arrest the examination without getting the hypertrophied or retroverted os into the field of vision. Indeed it is a matter requiring far more tact and experience than is generally supposed, or than one would imagine was required.

Not a little of the facility of making an examination depends upon the instrument which is employed. The varieties of these are very numerous. That in commonest use—the glass, lamp-chimney species—is almost valueless. It is unpleasant to introduce, being very painful in the commencement of its introduction. This objection is trivial with prostitutes and multipara. When it arrives at the end of the vagina it often passes anterior or posterior to the cervix; but if it displays the womb, if there be any deviation from its normal position, not the os but the cervix only, is visible, and often no means will bring the os into view. Should the os be made visible, often the orifice of the speculum is not sufficiently large to admit a view of one half of the indurated and hypertrophied organ.

The quicksilver lined instruments are open to the same objections, but as they concentrate the light strongly upon the exposed part, they are in some slight cases, of utility.

The old fashioned three valve metallic speculi are an improvement

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upon the former instruments, but they have the same disadvantage of distending the external, rigid parts to an equal extent with those interior; which not only limits their use, but also is not unfrequently unnecessarily painful.

The speculum of Ricord, with two blades, which opens widely interiorly, while the size of that portion within the external genitals does not enlarge, but rather diminishes, as the instrument is opened—is the greatest improvement it has yet received. The only fault in this is, that when distended, the lax walls of a flaccid vagina will fall together within the blades, and obscure the vision. To remedy this defect, Charriére, the ingenious Parisian cutler, has added a superior and posterior blade. And this four bladed speculum is without question, the only speculum ever needed, applicable to every case, and of immense importance in treating these diseases. It has the advantage of being of easy entrance —it greatly dilates the posterior portion of the vagina, permiting the os uteri to fall within the blades almost of its own accord; it also draws aside the lips of the os uteri, permitting a limited view of the cavity of the os itself.

The blades of this instrument are generally composed of German silver, sometimes silvered, or gilded. When gilded they are not subject to rust or corrosion, but the altered hue, which by reflection is given to the parts, renders this form objectionable. When silvered, they are less liable to corrosion from the effects of acids, and the reflection is increased; but they are somewhat more costly, and the silver coating is not of permanent duration. It is highly desirable that some convenient method be found for removing the dark stains which soon much injure the utility of the instrument.

Beside these instruments, ivory cones, of formidable dimensions, are used, where the actual cautery is applied, on account of their non-conducting qualities. Herteloup's speculum, intended to allow the sides of the vagina to be seen and operated upon if necessary, is not any more convenient than the four bladed instrument already mentioned. The wire speculum composed of firm strait wires, radiating from a centre, is no improvement upon this instrument. There are various modifications, other than those I have mentioned, but they are of little importance. The instrument is, however, constructed of various sizes to suit the different ages and conditions of life—those for use where the actual cautery is applied, are large and only applicable in the large vaginas of child-bearing women; while those used for virgins, who occasionally at advanced age, or still rarer in youth, require this method of explo-

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ration and treatment, are small and delicate in their construction.

In some cases, instead of the speculum, spatulas—much resembling the tongue spatulas—are used to draw down the perineum, and thus to expose an enlarged or prolapsed organ.

Now the cases in which this instrument is of use, are quite numerous. In recto or vesico vaginal fistulas the speculum may be of service, although in general the spatulas are the more serviceable instruments in the hand of an assistant. In a very rare case of vesico uterine fistula, which I lately saw in the practice of my friend and coadjutor, Dr. H. W. Brown,—where the urine flowed through a fistulous opening into the uterus, and thence made its exit through the uterus into the vagina,—the fistulous opening could only be discovered by drawing aside the labia, by means of spatulas, and pulling down the uterus into sight, according to the plan recommended and practised by Jobert of Paris.

Dr. J. Marion Sims, now of New York, and late of Alabama, one of the most distinguished of American Surgeons, has recently shown me a new spatula—if it can have that name—of his own invention, which was invented from necessity, (*ex necessitate rei*) to supply a want in his own unique operation for the radical cure of vesico vaginal fistula. It might perhaps be called a levator perinei, for in his operation, the patient being placed upon her hands and knees, the perineum is raised up by this instrument, in the hands of an assistant.

Beside this instrument, Dr. Sims was kind enough to show me a model for a speculum upon a new plan, possessing some peculiarities of marked utility. In its present unperfected state, I am not justified in making, perhaps, even this casual allusion to it. I do it however, partially, for the opportunity of incidentally giving my testimony to the very elevated opinion I entertain of the man, and the entire success of his operation in one case which I have been permitted to examine.

In prolapsus uteri, the speculum is of service—first, in diagnosticating whether this descent is due to a hypertrophied os which by its weight may have dragged down the uterus: if so, then it is useful in subsequent treatment. If it is owing to relaxation of the vaginal tissues, then by pinching up the vagina as it falls in folds through the blades of the instrument with a "serré-fine," as in cases reported by Marjolin, a cure may be effected by the adhesive inflammation caused thereby, and the consequent contraction of the capacity of the vagina.

In syphilitic ulcers upon the os, or in the vagina, the use of the speculum will be admitted, without controversy at the present day.

In cases of polypi, diagnosticated by the finger, the speculum will fre-

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quently be of service, although not absolutely necessary, to assist in their removal.

In cases of obstinate and continued leucorrhœa, dysmenorrhœa, menorrhagia, and repeated abortion, the importance and value of this instrument cannot well be exaggerated.

Bennet on the Uterus—the most available and reliable book upon this subject, is in the hands of every one, and has been of inestimable value in the diagnosis and prophylaxis of these diseases. It has gone over the whole ground so thoroughly, that I shall not now do more than relate in this place, a few, from very many corroborative cases from my own personal experience.

Mrs. S——, a lady residing in New Jersey, consulted me in April 1853. She was of delicate frame, about 24 years of age, and of a remarkably healthy family. Her youth was one of health, till at the close of her seventeenth year she began to be affected slightly with dysmenorrhœa. This continued with more or less severity for several years, till in her 23d year she was married. She had one child, but for several subsequent years she was much troubled with dysmenorrhœa. An aggravated dyspepsia however, prostrated her strength, and very much destroyed the pleasures of life.

When I was called, it was with the purpose of engaging me to attend her in an approaching confinement which she said would take place in the course of two months. She attributed her increased indigestion to this cause, which had recently become so aggravated as to compel her to live solely upon stale bread of three days age, salt cod-fish, and cold water. This had been her diet for the three weeks antecedent to my visit. She was astonished that she did not grow any faster, for she could wear all her dresses as usual: moreover her menses appeared regularly every month, accompanied by great pain and hysteria. The total amount of the discharge would not spot a cloth to the size of the palm of the hand. I suggested the idea that she was not pregnant, but it was instantly negatived by the positive statement that she had felt life, and that her husband and mother had both seen the movements in the abdomen. I said that by laying a cold hand upon the abdomen, these movements might easily be excited, and she laid down that I might feel myself, the fœtal movement. The uterus was not even discernible, far less any impulse from its supposed contents. It required much argument and positive statement, to convince them that she was not with child, but that she was laboring under some uterine affection and sympathetic irritation. A speculum examination revealed a hypertrophied

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and raspberry colored os, denuded of its epithelium, but *without* the least leucorrhœal discharge, or any of the ordinary symptoms of that description. Five or six pencillings with the solid nitras argenti entirely removed this condition—the appetite, strength and vigor were restored; the dysmenorrhœa entirely abated, so that as she expressed herself, she "had never had them so unnoticeably since she was seventeen." In the September following she actually did become pregnant, and till the present time has had no bad symptoms.

Mrs. W—— came to my class at the Northern Dispensary, some year or so after her first confinement at the full time. She complained of great debility and lassitude, weakness in the back, accompanied by a dragging sensation in the loins, a very profuse leucorrhœa, and great pain in urinating. On examination, the os uteri was so much hypertrophied that it was too large to enter into the opening of the four-bladed speculum, extended to its utmost limits. The os was divided into three lobes, the largest posterior—evidently lacerations occurring during her recent childbirth—all denuded of epithelium, granulated, and bathed in a profuse muco-purulent discharge. The cavity of the os was visible for half an inch or more, and from it issued the limpid, tenacious albumen secreted from the glands of the cavity. In the course of a few weeks she was very much relieved by the ordinary local and tonic treatment, and she did not return again, although entirely well.

Mrs. M——, a stout, plethoric woman, with every sign of health, had during the year 1853, no less than three abortions at about the third month, without any known cause. She had no pain in the back, no leucorrhœa. Knowing no cause, I said that I was certain she had a local trouble. Examination showed a congested cervix, the cavity somewhat fissured, undoubtedly the cause of the abortions. The rationale is as follows: The gestation went on till the growth of the fœtus and the consequent enlargement of the womb, gradually shortened the neck until it encroached upon the fissured portion. As this was done, slight hemorrhage commenced, which gradually increased until the life of the ovum was destroyed, and it was then thrown off.

Mrs. W——, in stepping from her carriage, had a slight jar. She was daily expecting confinement. She went into the house feeling a slight, uncomfortable sensation in the small of the back. That night she was taken in labor, and the next morning was delivered of a large dead child, strangulated by the cord around its neck being tightly drawn by the trip in stepping upon the side-walk. She got up with no bad symptom, and continued perfectly well. Some year or so after, she had an aber-

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tion at the third month, without any known cause, and but a year subsequently, when pregnant about the same time, she noticed a very slight discharge of bloody mucus—six months after, this was repeated—means were used to arrest it, and a speculum examination was proposed, and assented to for the next day, with the intention of cauterizing the ulcerations or fissures which were diagnosticated to be present, and the cause of all the difficulty. By day-light a most alarming hemorrhage commenced, followed by abortion seriously threatening the lady's life. A subsequent speculum examination showed fissures, a hardened and granular os, and an extremely vascular and congested condition of the whole vagina. In appearance, this lady was remarkable for her healthful beauty, and was never troubled by leucorrhœa or any unpleasant symptom indicating this serious difficulty.

Mrs. P——, a burly Irishwoman nearly six feet in height, over sixty years of age, whose menses had ceased for many years, complained of great weakness in the back, bearing down, accompanied by leucorrhœa, though not excessive. On inspection, an ulceration of the size of a shilling was discovered, encircling the os. By two cauterizations the ulcer was healed, and the unpleasant symptoms which had defied all treatment for many years, were removed.

To these few cases, scores similar could easily be added. What do we deduce from them? *First*, that fluor-albus is but a symptom of a local disease. *Secondly*, that this same disease may be present with many serious affections, but still unaccompanied by any vaginal discharge. *Thirdly*, that it may simulate pregnancy. *Fourthly*, dysuria is caused by it. *Fifthly*, it is the prime cause by nervous agencies, of dyspepsia.

At some future time, I will in more detail, give you further particulars respecting the protein symptoms of disease, all depending upon disease of the os uteri, and all curable by means of the speculum.

153 WOOSTER STREET, N. Y., *February*, 1854.

Observations on the medical virtues of some of the most prominent Indigenous Vegetables grown in Vermont.

NUMBER II.

BY ARIEL HUNTON, M. D.

WE have growing on our hills and vales, medical plants in great abundance, superior to many imported drugs, and potent enough to cure all the diseases of any locality, if applied judiciously, and in season. We

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should investigate their virtues, and record the facts we learn, for the benefit of others, that we may make the world wiser for our living in it.

In this number I shall treat of astringents and bitters, both of which I consider tonics; giving tone, vigor, and strength to the debilitated system; bitter vegetables, an internal remedy—astringents, both internal and external.

In this region, (situated 44° 37″ north latitude, and 4° 26″ east longitude from Washington,) there are such a variety of astringents, that I shall describe only those in common use. They are employed in the form of injections,—per anum, in dysentery, diarrhœa, tenesmus, griping, &c., usually with the addition of laudanum;—per vaginam, in leucorrhœa, and other diseases of the genital organs, with the addition of mineral astringents, laudanum, creasote, &c. They are mostly used in decoction, as boiling does not injure the virtues of this class of medicines, and they are usually difficult to pulverize.

The external use of our astringents in laxity, and debility of the cutaneous pores, attended with profuse sweating, prolapsus of the rectum, vagina, &c., by washing or spunging the body, is a judicious and a cogent remedy, and will not interfere with any internal remedy prescribed. A portion of alum is a judicious addition to the wash, when applied to the vagina or rectum.

In a case of convalescence from typhus fever, or any severe debilitating illness, with extreme muscular laxity, if one of the limbs be washed with an astringent lotion, say morning, noon, and night, on examination the next morning, the one washed will feel firm and be stronger, while the other is flabby and soft, the particles of flesh not being in contact. The application acts like a bandage. Make a strong decoction of oak, willow, hemlock bark, or any of our numerous astringents, sponge the whole body, it will invigorate and strengthen. Peruvian bark is used for the same purpose, but why send to Peru, when our indigenous vegetables are often far more powerful?

Quercus Alba,—*White oak.* This article is much used in all cases where an astringent is demanded. It contains more tanin than Peruvian bark, which renders it preferable as an astringent, which is the tonic effect. We should lay aside our prejudices, and not use an article because such a professor recommends, or uses it,—but think, reason, and test for ourselves; we shall discover better medical articles in the spontaneous growth of our own soil than many imported. The internal use of the oak bark, with the addition of the bark of the *Cornus Florida*, or *Papulus*, is a cogent remedy in all cases of laxity and debility, where a febrile ac-

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tion is not present, united with a bitter, it is better tolerated by the stomach, and more invigorating to the system.

Many have used this preparation in intermittent fever, and pronounced it equal, and some superior to Peruvian bark.

Salix,—*Willow.* Of this article, we have among us several species belonging to the Dicecius Class. The willow is a good astringent; is in its virtues nearly allied to the Quercus, and is prescribed in the same complaints, and being more abundant in this section, is more used.

Smoking the bark of the willow, and passing the smoke through the nostrils, will often cure a recent catarrh, and will relieve one of long continuance. Take the young shoots of last year's growth, scrape the bark from the twigs with the edge of a knife, and burn it in a pipe. Salix is a useful article in debility and laxity of the system, externally, as a wash; internally, combined with the bark of the poplar, as with the oak, it agrees better with the stomach, and requires the same precaution where there is any febrile action.

Cornus Sericea.—*Blue-berried Dogwood.* This article is astringent, with some bitterness, and is much used as a tonic in debility and profluvia, invigorating the body as promptly and permanently as the Peruvian bark. It is used with advantage in dysenteries, and diarrhœas. A decoction of the green bark is much used by Farriers, to reduce imflammation following injuries of domesticated animals. I have seen good result from fomenting phlegmonous inflammation in the human species; indeed many of the inhabitants in this region, if they have inflammation following an injury have recourse to this article, and save the physician's fees. The tonic virtues of the above article are improved by combining the bark of the *Cornus Florida*, which contains a pure bitter, and some astringency. This combination is one of our best vegetable tonics, and may be used in all cases where such medicine is demanded.

Liriodendron Tulipifera.—*Common Poplar.* The staminate and pistilate flowers of this article occupy separate trees; the bark of the poplar is one of our best tonics. The bark of the root, is by some, thought preferable; it is certain that it is easier to pulverize. Combine with this article some of the astringents I have described, and this is also more efficacious, and is a fair substitute for Peruvian bark.

Poplar bark appears to allay nervous and hysterical symptoms, whether by its pure tonic effect, or some other specific virtue, I am not able to aver.

The barks I have described are hard to pulverize, and ought to be ground in a mill, or their virtues chemically extracted. They are easily

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obtained, and should be in universal use, and exclude many foreign and costly drugs, which would to *me* be doubly desirable.

Prunus Virginiana and **P. Canadensis.**—*Black and Red Cherry.* The peach, and most of our stone fruit, contain the same essential ingredient as the cherry stones. The bark and berries of the two articles named, contain very useful medical properties, a tonic and a sedative.

The wild or red cherry, contains the hydrocyanic acid in an eminent degree, and equally as much of the bitter principle, the meats of the stones contain the most of this ingredient. The dry berries bruised and the stones crushed should be put in a tight vessel, warm water poured on them, cork the vessel, and let it stand several days, filter, and you have a powerful sedative, and one that will diminish the pulse and calm irritation in an eminent degree, which is a point gained at least in all chronic diseases.

When the bark is used, the green is preferable; it should be macerated in cold water, with the vessel covered. If dry bark is used, it should be pulverized, and put in a bottle and warm water poured on it, and if it is to be kept a long time, add a little alcohol, the less the better, it being an article I *taste* not, and handle as *little* as possible.

Chimaphilla Umbellata.—*Pipsissewa.* This article is a bitter astringent tonic, and may be used where such an article is required. I use it mostly in debility of the urinary organs, to add tone to the parts, that the patient may retain the urine. The addition of sulphate of zinc to the decoction, will enhance its value. By some writers it is called a diuretic, increasing the flow of urine. I cannot say it is improper to call any article that has any effect on the kidneys a diuretic, but I cannot conceive that astringents will *increase* the quantity of urine. I administer them for the very *opposite* purpose.

Rubus Strigosus.—*Raspberry,* (the leaves.) The leaves of this shrub are in frequent use as an astringent in all fluxes, purulent ophthalmia, weak eyes, the thrush in children, all the species of cynanche, and as injections per rectum and vaginam. When used as a wash or gargle for the throat, the berries of the Rhus are added with honey, and frequently also alum.

Eupatorium Perfoliatum.—*Thoroughwort.* This article is in more general use in domestic practice, than any other herb among us; having in a degree, emetic, cathartic, tonic, and alterative qualities.

In the administration of any emetic, I require some warm herb tea, and this article being always at hand, I use it more frequently than other herbs. By inducing a sensible perspiration before the operation of an

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emetic, it does not cramp the patient; the more warm fluid in the stomach, the more kind the operation.

Humulus Lupulus.—*Hops.* The hop is a dioecious plant, and is one of our most useful remedies. It is a tonic, stomachic, and anti-dyspeptic, of the first order. The narcotic effect so much dwelt upon, I have found to be very slight, as I have drank a gill at a time, hundreds of times. I was affected with that popular and distressing disease nearly twenty years, tried a variety of remedies, even to kneading the abdomen, was very capricious in my diet, ate dry crusts of brown bread, and parched corn to absorb the strong acid which when eructated would burn my throat, and I thought it as sour as the strongest vinegar I ever tasted. I also eructated gas at times, incessantly. Conversing with a friend on the effect of hops in beer, that it prevented the beer from undergoing the third, or putrefactive fermentation, the thought came into my mind, why will not hops be of use to me. I immediately commenced taking a strong decoction of hops, and took no other medicine, except soda occasionally as a present relief; I could eat no fruit, did not eat an apple for fourteen years, I am now *well*, can eat fruit, or any food with impunity. Ought I not to have an exalted opinion of the hop?

Chelone Glabra.—*Fish-blow, Snake-head.* This is an excellent tonic, pure bitter, will often create an appetite when other bitters fail. I usually employ it in the form of decoction, though a spirituous tincture is used by those who love the "*critter.*" A carminative combined with this article is very proper, as with all other bitters.

HYDEPARK, Vt., *February* 25, 1854.

AMERICAN MEDICAL ASSOCIATION.

History of the American Medical Association.

NUMBER III.

BY ONE OF ITS MEMBERS.

AFTER the signal failure of the Delegates from the New York University, to interrupt the progress of the Convention which assembled in New York, no further open opposition to the movement, which had been commenced, was manifested previous to the next meeting. On the contrary, the President, Dr. Knight, shortly after the first meeting, issued an address to the profession on behalf of the committee appointed for that purpose, in which he set forth briefly and clearly the objects aimed at,

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and urged upon the profession the importance of a more full representation at the adjourned meeting to be held in Philadelphia. The medical periodicals of the country, very generally, published the proceedings of the Convention in New York, and thereby aided much to bring the subject to the notice of a much larger number of members of the profession. In the mean time, valedictory and anniversary addresses were written and widely circulated, discussing, more or less the subject of medical education, by Drs. John W. Francis, John Watson, and F. Campbell Stewart, of New York; Drs. Samuel Jackson and Alfred Stillé, of Philadelphia; Dr. S. H. Dickson, of Charleston; and many others. The combined influence of all these agencies, with the continued exertions of those who first put the ball in motion, served to awaken an almost universal interest in the subject. On the 5th of May, 1847, the delegates appointed by the Societies, Colleges, and other Medical Institutions throughout the several states, assembled in the Hall of the "Academy of Natural Sciences," in Philadelphia; and were cordially welcomed by Dr. Isaac Hays, chairman of the committee of arrangements, who called the Convention to order, and nominated Dr. Jonathan Knight, of New Haven, as temporary Chairman.

This nomination was unanimously confirmed, and Drs. Arnold, of Georgia, and Stillé, of Philadelphia, were appointed Secretaries. A committee for the reception of credentials of delegates was appointed, and another, consisting of one member from each state represented, to report the names of suitable candidates for election as permanent officers of the Convention. The first committee reported, as present, the names of near *two hundred and fifty* delegates, representing more than *forty* Medical Societies, and *twenty eight* Colleges, embracing Medical Institutions in twenty-two states and the District of Columbia. The committee on nominations, recommended for President, Dr. Jonathan Knight, of Connecticut; for Vice-Presidents, Drs. Alexander H. Stevens, of New York, George B. Wood, of Pennsylvania, A. H. Buchanan, of Tennessee, John Harrison, of Louisiana; and for Secretaries, Drs. R. D. Arnold, of Georgia, Alfred Stillé, of Pennsylvania, and F. Campbell Stewart, of New York. These were all unanimously 'elected' by the Convention. The first business of importance which engaged the attention of the Convention, was the reports of the committees appointed at the previous meeting in New York. Reports were received during the first day, from Dr. John Watson, of New York, Chairman of the Committee appointed "to prepare a plan of *organization* for a *National Medical Association*;" from Dr. John H. Griscom, of New York, Chairman of the Committee

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appointed to consider the subject of procuring, from the state governments, uniform and efficient laws for the registration of births, marriages, and deaths; also from the same, on a general *Nomenclature* of *Diseases;* from Dr. James Couper, of Delaware, Chairman of the Committee "on Preliminary Education;" and from Dr. Isaac Hays, on the subject of Medical Ethics. These several reports, except the last, were received, laid on the table, and ordered to be printed.

During the following morning session, additional reports were received from Dr. John Bell, Chairman of the Committee appointed to prepare a code of Medical Ethics; from Dr. James McNaughton, of Albany, Chairman of the Committee appointed to consider the subject of the union of *Teaching* and *Licensing* in the same hands, signed by a *minority* of the committee; and another report on the same subject, from Dr. Isaac Parrish, of Philadelphia, signed by a *majority* of the committee. These reports were also received and ordered to be printed. The report of Dr. Couper, from the committee on the subject of "Preliminary Education," was first taken up for consideration; and after a free interchange of opinions, the report with the resolutions appended thereto, was adopted, and ordered to be published as a part of the proceedings of the Convention. The resolutions as adopted were as follow, viz:

"*Resolved,* That this Convention earnestly recommends to the members of the medical profession throughout the United States, to satisfy themselves, either by personal inquiry or written certificate of competent persons, before receiving young men into their offices as students, that they are of good moral character, and that they have acquired a good English education, a knowledge of Natural Philosophy, and the elementary Mathematical Sciences, including Geometry and Algebra, and such an acquaintance, at least, with the Latin and Greek languages as will enable them to appreciate the technical language of medicine, and read and write prescriptions.

"*Resolved,* That this Convention also recommends to the members of the medical profession of the United States, when they have satisfied themselves that a young man possesses the qualifications specified in the preceding resolution, to give him a written certificate stating that fact, and recording also the date of his admission as a medical student, to be carried with him as a warrant for his reception into the Medical College in which he may intend to pursue his studies.

"*Resolved,* That all the Medical Colleges in the United States be, and they are hereby recommended and requested to require such a certificate of every student of medicine applying for matriculation; and when publishing their annual lists of graduates, to accompany the name of the graduate with the name and residence of his preceptor, the name of the

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latter being clearly and distinctly presented as certifying to the qualification of preliminary education."

Moderate as is the standard of preliminary attainments required by these resolutions, there were some in the Convention who spoke in opposition to its adoption, on the ground that it would prevent many young men of limited means from entering the profession, whose natural endowments would carry them to the highest rank, notwithstanding their inadequate preliminary preparation. On the other hand, it was admitted that there had been countries and periods in the world's history, when the obstacles, pecuniary and otherwise, in the way of gaining a knowledge of the ordinary branches of science, were so numerous as to preclude all but the favored few from its enjoyment.

In such places, and at such times, the objection to the resolutions might have some force. But in our country of school-houses and almost unlimited facilities for acquiring a knowledge of, at least, the ordinary branches of learning, *that young man who had not mental energy and perseverance enough to comply with the standard proposed in the resolutions, certainly had not enough to enable him to do justice to a profession as extensive, intricate, and arduous as ours.*

The latter view was urged with much force by Dr. N. S. Davis, then a delegate from the New York State Medical Society. The resolutions were adopted by nearly a unanimous vote; and the recommendations they contain have been re-affirmed by almost every meeting of the American Medical Association since.

The Convention next took up the report of Dr. R. W. Haxall, of Va. Chairman of the committee appointed to recommend a uniform standard of requirements for the degree of M. D. The several resolutions appended to the report were considered *seriatim*, and after receiving various amendments, were adopted as follows, viz:

"*Resolved*, 1st, That it be recommended to all the Colleges to extend the period employed in lecturing from four to *six* months.

2d, That no student shall become a candidate for the degree of M. D., unless he shall have devoted *three* entire years to the study of medicine, including the time allotted to attendance upon the lectures.

3d, That the candidate shall have attended two full courses of lectures; that he shall be twenty-one years of age, and in all cases shall produce the certificate of his preceptor, to prove when he commenced his studies.

4th, That the certificate of no preceptor shall be received, who is avowedly and notoriously an irregular practitioner, whether he shall possess the degree of M. D. or not.

5th, That the several branches of medical education already named in this report, (viz: Theory and practice of medicine, principles and prac-

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tice of Surgery, general and special Anatomy, Physiology and Pathology, Materia Medica, Therapeutics, and Pharmacy, Midwifery, and diseases of women and children, Chemistry and Medical Jurisprudence,) be taught in all the Colleges, and that the number of professors be increased to seven.

6th, That it is required of candidates that they shall have steadily devoted three months to dissections.

7th, That it is incumbent upon preceptors to avail themselves of every opportunity to impart clinical instruction to their pupils, and upon Medical Colleges to require candidates for graduation to show that they have attended on *hospital* practice for one session, whenever it can be accomplished, for the advancement of the same end.

8th, That it be suggested to the Faculties of the various Medical Institutions of the country, to adopt some efficient means for ascertaining that their students are actually in attendance on their lectures.

9th, That it is incumbent on all Schools and Colleges granting diplomas, fully to carry out the above requisitions.

10th, That it be considered the *duty* of preceptors to advise their students to attend only such institutions as shall rigidly adhere to the recommendations herein contained."

Much opposition was manifested by some of those connected with the Colleges, to the adoption of the *first* of the foregoing resolutions. It was alledged that the great majority of medical students could not be kept in attendance on the Colleges continuously for *six* months; there being many in all the Colleges who practically cut short even a four month's course, by coming late, or leaving before the close. This, together with all the other resolutions, were adopted, however, by large majorities; and it is worthy of remark, that very few if any, were found to claim, that, *less than six months* was really sufficient to present the various branches of medical science with that fulness which ought to be enforced in a College course.

The report on Medical Ethics, made by Drs. Bell and Hays, was very full and explicit, and was unanimously adopted by the Convention. The same was true of the reports of Dr. Griscom, on "a registration of births, marriages, and deaths," and on "a nomenclature of diseases adapted to the United States, having reference to a general registration of deaths." These were all adopted, and may be found in the first volume of Transactions of the American Medical Association. Another subject which elicited discussion and much attention was, that embodied in the following resolution, viz:

"*Resolved*, That the union of the business of *teaching* and *licensing* in the same hands, is wrong in principle and liable to great abuse in practice. Instead of conferring the right to license on Medical

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Colleges, and State and County Medical Societies, it should be restricted to one board in each State, composed in fair proportion of the representatives from its Medical Colleges and the profession at large, and the pay for whose services, as examiners, should, in no degree, depend on the number licensed by them."

It was stated in the preceding article on this subject, that this resolution was presented to the Convention in New York, by Dr. O. S. Bartles, and was referred to a special committee of seven, with directions to report at the meeting in Philadelphia. This committee consisted of Drs. James McNaughton, of Albany, N. Y., and Professor in the Albany Medical College; J. R. Manley, J. W. Francis, and Thomas Cock, of New York; Isaac Parrish, of Philadelphia; R. Blakeman, of Conn.; and J. Cullen, of Va. The chairman, Dr. Mc Naughton, made a report adverse to the general sentiment of the resolution, but which did not meet the views of a majority of the committee.

His report closed with the following resolutions, viz:

"*Resolved*, That inasmuch as an opinion prevails to a considerable extent in the profession, that certain abuses have crept into some of the Colleges—namely, that they confer degrees upon persons who have not fully complied with their own requirements, or on those who do not possess the requisite amount of knowledge to entitle them to such distinction, it is deemed expedient by this Convention, in order to satisfy the *just wishes* of the *profession*, and to remove *just* grounds of complaint, that such Colleges as do not already possess mixed boards of examiners, *should consent to have associated with them, in the examinations for degrees, some members of the profession not engaged in teaching, or otherwise interested in such institutions.*

"*Resolved*, That the number of boards for granting licenses in the several states, should be as limited as would comport with the convenience of examiners and candidates in each state."

Another report was made from the same committee, by Dr. Isaac Parrish, and signed also by Drs. J. R. Manley, J. W. Francis, and Thomas Cock. This report maintained in clear, yet conciliatory language, not only the *liability* to, but the *actual existence* of *abuses* in the granting of diplomas which were in themselves licenses to practice; and the right of the profession to apply some appropriate remedy. Without any specific recommendation, however, the report of Dr. Parrish concluded with the following preamble and resolution, viz:

"*Whereas*, a general sentiment prevails in the medical profession, that the active competion existing among the Medical Colleges of the Union, has a tendency to lower the standard of professional requirements, and to depreciate the value of the degree; and *whereas*, the facilities with which charters for Medical Corporations are obtained from our State

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governments, exposes the medical profession to the continuance and increase of such abuses, inasmuch as these corporations possess alike the power of granting the license to practice; therefore, *Resolved*, That in the opinion of this Convention, *some additional checks to the exercise of this right should be established* by the great body of the medical profession."

After considerable discussion, both the reports, and the resolutions appended to them, were disposed of by the adoption of a resolution refering the whole subject to the committee on Medical Education, with instructions to report on the same, at the next meeting of the American Medical Association.

Perhaps the most important subject which engaged the attention of this Convention, was the report of the committee on a plan for organizing a permanent *National* Association. This committee, consisting of Drs. John Watson, John Stearns, F. Campbell Stewart, and N. S. Davis, of New York; A. Stillé, of Philadelphia; W. H. Cogswell, of New London, Conn.; and E. D. Fenner, of New Orleans, La.; reported in full, a Constitution designed to effect a permanent National organization. The committee adopted as the basis of organization, the principle of *representation*, by making the acting members of the Association consist of Delegates from Medical Societies and Institutions, in accordance with a fixed numerical ratio. In the preamble attached to the Constitution, the purposes for which the Association is organized are declared to be, "for cultivating and advancing medical knowledge, for elevating the standard of medical education, for promoting the usefulness, honor, and interests of the medical profession, for enlightening and directing public opinion in regard to the duties, responsibilities, and requirements of medical men, for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fastening friendly intercourse between those engaged in it."

To more certainly effect these objects, the committee deemed it important to hold out the strongest inducements for the formation of state and local Associations, which should be auxiliary to the national one. Hence, they so framed the Constitution as to make the great majority of the members, of the National Association, consist of *Delegates* from permanently organized *State and County Medical Societies*, throughout the Union.

To ensure, also, a due share of the attention of the Association, to the cultivation of medical science and literature, the Constitution provided for the annual appointment of Standing Committees, each consisting of seven members, on the following subjects, viz:

A committee on Medical Sciences; on Practical Medicine; on Surgery;

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on Obstetrics; on Medical Education; on Medical Literature; and on Publication. The articles of the Constitution were considered separately, and also various amendments, only one of which, however, proposed to alter essentially the basis or principle of organization. This was presented by Dr. Isaac Hays, of Philadelphia, and was as follows, viz:

"*Resolved*, That the report be referred back to the committee, with instructions to report a plan of organization in accordance with the following sketch.

1st, The Society to consist of members to be elected by the Association, directly, or through its council.

2d, Members, before admission into the Association, to sign a promise to conform to the laws of the Association.

3d, Members who violate this pledge, to be liable to expulsion, and to be deprived of the rights of brotherhood.

4th, For the appointment of a Council to consist of the officers of the Society, and of———Councillors, to be elected annually, or all the former, and a portion at least, of the latter, to be elected annually. The Councillors to have the general superintendance of the concerns and publications of the Association, and to report the proceedings of the Association at its annual meeting."

After considerable discussion, the proposition of Dr. Hays was lost, and the Constitution as reported by the committee, without any important amendments, was adopted by a large majority.

The Convention then resolved itself into the "American Medical Association;" and a committee consisting of one from each state represented, was appointed to nominate officers of the Association for the ensuing year. The committee soon reported the names of the following gentlemen, who were unanimously elected, as follows:

PRESIDENT,

DR. NATHANIEL CHAPMAN, of Pennsylvania.

VICE-PRESIDENTS,

DRS. JONATHAN KNIGHT, of Conn.; ALEXANDER H. STEVENS, of N. Y.; JAMES MOULTRIE, of S. C.; A. H. BUCHANAN, of Tenn.

SECRETARIES,

DRS. ALFRED STILLE', of Phila.; J. R. W. DUNBAR, of Baltimore.

TREASURER,

DR. ISAAC HAYS, of Philadelphia.

Dr. Chapman, on being escorted to the President's chair, addressed the Association in a few very earnest and appropriate remarks. Provision was made for appointing the several Standing Committees required by the Constitution, and also a committee of one from each state to act under the following resolution, offered by Dr. N. S, Davis, of N. Y, viz:

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"*Resolved*, That a committee of one from each state represented in this Association, be appointed by the President, whose duty it shall be to investigate the Indigenous Medical Botany of our country; paying particular attention to such plants as are now, or may be hereafter during their term of service, found to possess valuable medicinal properties, and are not already accurately described in the standard works of our country; and report the same in writing, giving not only the botanical and medical description of each, but also the localities where they may be found, to the next annual meeting of the American Medical Association."

After the adoption of the customary complimentary resolutions to the officers of the Convention, the committee of arrangements, &c., the Association adjourned. The session in Philadelphia continued three days, and ended as it began, with the most cordial friendship among all its members, and a unanimous desire to elevate the character and extend the usefulness of the whole profession. In the foregoing brief sketch of the Convention which resulted in the formation of the National Association, I have by no means attempted to notice all its doings, but only such parts as were calculated to exert a general influence over the profession, or to throw light on the organization and objects of the latter. To the former, belonged the reports and resolutions adopted concerning a higher and more uniform standard of preliminary education; more extensive requirements for the degree of Doctor of Medicine; the separation of the teaching and licensing powers; and the adoption of uniform registry laws: while to the latter belonged the formation and adoption of a Constitution.

The attentive reader will observe that two radically different principles were advocated as the basis of the National organization. The idea or principle entertained by the committee, and embodied in the Constitution as adopted by the Convention, was, that the National Association should emanate directly from the local medical organizations and institutions, by making it consist of delegates appointed annually by such bodies, and thereby give it a legitimate claim to the character of a true representative of the whole profession. And to guard still further against any liability to become sectional or localized in its character, a provision was incorporated in the Constitution, prohibiting the holding of the annual meetings twice in succession in the same place. Two great leading ends were aimed at by the adoption of this principle of organization. The first was, that the recommendations of an Association thus constituted, of delegates directly from the local societies and institutions of the profession throughout the whole country, would have more influence both with the profession and the public, than one organized on any other

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plan. The second was, that it would constantly hold out a strong inducement to form and sustain in active operation, state, county, and city Associations in every state in the Union.

The other principle was embodied in the proposition of Dr. Hays, already quoted. It proposed an organization, the members of which should be elected by itself, either directly, or through a board of Councillors; thereby making it essentially independent of the state and local Societies and Institutions. It was claimed for this, that it would give the Association greater stability, by rendering its membership more select and permanent, and thereby make it more efficient as an Association, for the direct cultivation of medical science. The advocates of this plan have never been fully satisfied with the present Constitution of our National Association, but have almost annually sought to procure in it essential modifications. Thus far the original principle has been sustained, and the extent to which it has answered the expectations of its advocates, will be seen in the sequel. Another act illustrating the disposition of the originators of the Association, to make it as truly national as possible, and as free from mere individual preferment, was the selection of the first President of the Association. It is almost universally customary in forming and carrying on social organizations, to elect as officers, those who have been most active and efficient in promoting the objects sought. But the selection of Dr. Chapman was based on no such principle. He was selected solely because, from his age, his high attainments, and his position as one of the oldest and most eminent teachers in the union, he stood appropriately at the head of the whole profession. Hence the selection was at once an act of liberality, and a just tribute to age and deserved eminence. Before adjourning, the Association selected Baltimore as the next place of meeting, and the Constitution fixed the time, on the first Tuesday in May of each year.

MEDICAL JURISPRUDENCE.

Plea of Drunkenness.—By I. S. MULFORD, M. D.

DRUNKENNESS may be considered in two different aspects, either in its immediate effect upon the subject himself, or in its remoter consequences, when the subject has become an offender against others. The former of these falls naturally, and almost wholly, within the domain of medical science; but the latter presents a subject for medico-legal inqui-

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ry, and it is in this latter aspect chiefly, that it is here to be considered. Nor is it proposed to examine the entire extent even of this view, but rather to exhibit the decisions of law, and the teachings of medicine, in their bearing upon a single point.

The laws relating to drunkenness have varied greatly at different times, and in different countries. In some instances it has been held, that, as drunkenness is a state resulting from a voluntary act, and is in itself an offence, it should never be allowed as an excuse for crime, but on the contrary, that the punishment due to such crime, should only be greater. It was prescribed by a famous law-giver in Greece, that he who committed a crime when drunk, should receive a double punishment, one for the crime itself, and another for the drunkenness. According to the Roman practice, on the contrary, drunkenness was generally considered as taking away from a criminal act the quality of malicious design, and in consequence punishment was lessened or remitted.*

An examination of the laws and practices of modern times will show, that differences scarcely less striking, are yet to be found. In most, or in many of the countries of Europe, a distinction of cases is admitted; drunkenness is allowed as a ground of exculpation in most instances; but an exception is made where it is produced with a view, and for the purpose of committing crime. But neither in England nor in France is drunkenness allowed in any case, as a plea for criminal acts. The English law considers the drunkard as being a "*voluntarius dæmon*," and declares that "where drunkenness is voluntary, the subject shall have no privilege by his want of sound mind; but shall have the same judgment for his crimes as if he were in his right senses." In our own country, the general theory of law is nearly the same as in England. In an early case it was said, that drunkenness can never be received as a ground to excuse or palliate such an offence, (homicide) and this is not merely the wild opinion of a speculative philosopher, the argument of counsel, or the *obiter dictum* of a single judge; but it is a sound and long established maxim of judicial policy, from which perhaps a single dissenting voice cannot be found. But if no other authority could be adduced, the uniform decisions of our courts from the first establishment of the government, would constitute it now a part of the common law of the land.†

Still, although the theory of law is as above stated, yet, neither in England nor in our own Country, has this doctrine been carried out to the full extent, in actual practice; some limitations of the general rule hav-

* Ray's Jurisprudence of Insanity. p. 449.
† See Wharton's Criminal Law, p. 46.

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ing been made in certain cases. As in drunkenness the mind is much disordered, the question has been made, whether this disorder should not be considered, for the purpose of determining the real condition of the party, at the time of committing an offence. In such a case as homicide, the particular complexion of the offence is frequently made to depend upon the mental condition of the offender at the time, and hence it becomes important, that this circumstance should be closely inquired into. Such disorder of mind may exist as to release from all responsibility, and consequently from all punishment, as in cases of actual decided insanity; or where there is no such disorder as will remove responsibility, there yet may be something in the mental condition that calls for regard in estimating crime. Is the disorder attending drunkenness to be excluded entirely from all such regard? The general tenor of law, upon this point, has already been set forth, and in conformity with this, a high authority, (Story) whilst speaking of the mental affections which may be allowed as excusing crime, remarks, that "an exception is, when the crime is committed by a party, whilst in a state of intoxication; the law not permitting a man to avail himself of the excuse of his own gross vice and misconduct, to shelter himself from the legal consequences of such crime." By another authority it is said, that "it is a well known and salutary maxim of our laws, that crimes committed under the influence of intoxication, do not excuse the perpetrator from punishment. The temporary alienation has been voluntarily induced, and the individual is the more inexcusable, if, by previous experience he has learnt, that his angry passions are influenced through its means."*

Here then it would seem, that the disorder of drunkenness, whatever it may amount to, is to be quite excluded from notice. Nevertheless, as already intimated, this principle of total exclusion has not been fully sustained in practice; it has only been adhered to so far as it applies to an absolute defence; but it has not been so maintained as to prevent the disorder in question, from being admitted, in many cases, as a plea in mitigation.

In England, it was held by a learned Judge, that where, as on a charge of murder, the material question is, whether an act was premeditated, or done only with sudden heat and impulse, the fact of the party being intoxicated, is a circumstance proper to be taken into consideration.† Many similar decisions have been made in our own courts. The effect of such decisions is most clearly seen where, as in many of the American

* Beck's Medical Jurisprudence, p. 805.

† See Wharton, p. 47.

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States, the crime of murder is made to be of different degrees, and the punishment to vary according to the degree. So it has been said, that as it (drunkenness) clouds the understanding and excites passion, it may be evidence of passion only, and of want of malice and design, and if it be satisfactorily established, it may lower the grade of homicide from murder in the first, to murder in the second degree.*

In a very recent case in Pennsylvania, it was said, that murder as defined by the legislature was a statutory offence, that it was divided into degrees, and the essential elements specified with accuracy and certainty. That in order to constitute murder in the first degree, (save the enumerated exception mentioned in the act), it was necessary, that it should be perpetrated wilfully, deliberately, and with premeditation, and that therefore, if one accused of the crime was in a condition, arising from any cause whatever, which deprived him of the power of forming a wilful, deliberate, and premeditated design, he could not be convicted of murder in the first degree, and that it was immaterial, whether that condition was caused by the folly and vices of the accused, or by the act of God.† Here then, it will be perceived, the disorder of drunkenness is placed upon the same ground, as a plea to be considered and examined, as insanity from any cause whatever. It is to be noticed, however, that it is not the mere bare fact of the existence of drunkenness, that is required to be shown; it is such a degree of disorder from this cause as will incapacitate the subject for the performance of any wilful, deliberate act. Whether such incapacity may result from this cause, in any case, or has so resulted in any given case, are the points to be determined.

The mental condition of the drunkard is modified a good deal by circumstances, such as the quality of the article that has been used, special peculiarities of constitution, and the period for which the state has continued. In most instances, the earliest decided indication of change will be, a kind of quickness or acceleration of all the movements of mind; the faculties appear to be aroused and wrought up to greater activity and vigor. At a later period, this activity increases, but becomes irregular, and some of the faculties especially, become highly excited, so that harmony of movement is lost; and this disproportionate excitement is mostly in the lower manifestations, the passions and animal propensities. Thus the intellectual powers become obscured, having lost their relative force, and being no longer able to keep the impulses in check, the man becomes mischievous, or foolish, or brutal, according as his temperament

* Wharton, p. 47.

† Allison, J. in "Commonwealth v. Capie and Emmons."

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or surrounding circumstances may impel him. At a still later period, there is a decline of action, dullness succeeds, and partial, or total insensibility closes the scene. After a longer or shorter time, the subject returns to his former state, and no trace of the previous disorder may remain.

But in order to arrive at accuracy of judgment, in regard to mental capacities during this period, the appearances just mentioned must be noticed somewhat more closely. During the early period, that of moderate and general excitement, there can be no doubt that the faculties of knowing, judging, and determining, retain their relative force in a sufficient degree, to give a capacity for deliberate resolve; it is the state of tumult and disorder that follows, that requires especial attention. At this period, it has been said by a high authority, "the man is entirely beside himself, memory and judgment having abandoned him; he acts as if he lived only for the present, with no idea of the consequences of his actions, nor their relation to one another; the past has gone from his mind, and he cannot be influenced by considerations which he no longer remembers. He conducts himself as if no control over his actions were necessary; the slightest provocation is sufficient to awaken the most unbounded rage. He is therefore, not unlike the maniac, and can be responsible for his actions only so far as he is for his drunkenness."*

With such a view as this, the idea of deliberate design, of premeditated action, would not seem to be consistent; and indeed, if all regard to the cause were excluded, an individual affected as here described, could not be held to be at all responsible for his acts.

But the picture here given, is certainly strongly drawn. It may be doubted, whether at any period, short of actual or approaching insensibility, the memory and judgment are altogether lost; in strict language, the case is not so much one of positive deprivation of these faculties as of imperfect, and, in the last stages, of suspended action. Nor is this state of imperfect action one of absolute fixedness; it is liable to some fluctuation and change; it is subject to change from the operation of medicinal substances upon the body, and also, as it is stated, from the influence of powerful impressions made on the mind. Cases are mentioned, in which, by an unexpected shock from some piece of intelligence, the drunkard has been brought, almost at once, to his senses. If this be so, may it not be believed, that the slumbering faculties may be roused to activity on other occasions; that if some motive, calculated to produce a profound impression, should act upon the mind, it may meet with an an-

* Ray, p. 448.

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swering power. This is not difficult of belief, if the measure of power necessary to deliberate action, be that which is given by a late authority. It is laid down by Judge Allison, "that the intoxication that would avail as a defence, must be that degree of drunkenness which deprives one of the power of judging of his acts and the legitimate consequences resulting therefrom, as of understanding the relation between cause and effect. That if the defendants knew what they were about, understood their own language, that the weapon exhibited was a knife, and that a blow with it in a vital part would cause death, then they had sufficient consciousness of their own actions, and of right and wrong; or in other words, were sufficiently sober to form a deliberate design."* Judged by this standard, but very few, if any could escape on the ground of a lack of capability; if the evidence was such as to show deliberation, the plea of a want of capacity for it, could, according to the rule above given, scarcely ever avail. But it ought to be considered that, as already remarked, the intellectual faculties are obscured and comparatively dull, at this period, and the evidence that they have been in operation, so as to originate a settled plan of action, should be strong and clear. Far more probable will it be, that the man has acted from passion and heat, and this is the view to be taken, unless the evidences of a deliberate purpose, are such as to leave no room for doubt.

It appears then, from what has been said, that drunkenness can in no instance be admitted as an absolute defence, in cases of homicide; neither can it serve as a plea in mitigation, provided the facts are such as to show deliberation in the act, there being nothing in this state, which absolutely and of necessity, incapacitates the subject for such acts. This plea then, even according to the present meliorated views, can have no great force; its utmost effect will be to show, that the party accused of crime, by reason of the state he was in at the time, was peculiarly liable to be influenced by passion and impulse; and thus a presumption may arise, which, if not met by positive evidence, may turn the scale so as to save from the highest penalty.

But there is a still further view of this subject to be taken. It has

*In Commonwealth, v. Capie and Emmons. In this case the prisoners had been much intoxicated, and had at that time exhibited deadly weapons, and intimated a purpose to use them upon an individual in the vicinity. Starting out under these circumstances, they met with another person, whom they fell upon, and wounded so that he died in a very short time. Upon the trial, the judge explained to the jury what might be considered sufficient evidence of a capacity for deliberate action, and set forth the facts and circumstances. It was then left for the jury to determine, whether the prisoners had in their condition been able to form, and had formed a deliberate design to commit murder, or not. A verdict of murder in the first degree was rendered.

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been said, that the disorder of drunkenness, after continuing for a longer or shorter period, passes entirely off, and that the subject is then left in his former condition. But, after a protracted course of such abuse, this entire restoration may not occur; the consequences may run on from one time to another, and thus a state of permanent disorder may come to be produced. The new condition which has thus arisen, may be easily accounted for. The brain having been often excited, permanent irritation in that organ is at length established, and this may readily be urged, by continued indulgence, into actual inflammation, with its frequent consequence, watery effusion. A degree of mental disturbance will be the necessary effect of these changes, but it will vary in form, according to the pathological condition of the parts that have become affected. In some instances, there will be an alteration rather in the general manner and character, than in any special manifestation; the man has become unlike himself in many respects; his intellect exhibits less vigor, and his passions greater force; he yields more readily and frequently to any temptation to indulgence, and such indulgence is productive of more decided effects. Some authorities indeed, have advanced the doctrine, that in many such cases, the power of resistance is weakened and sometimes entirely lost, so that intoxication itself may become an involuntary act; that the appetite for drink existing, the desire is yielded to at once, the subject being entirely incapable of self-control.

A diseased condition of this kind, it is represented, may be either uniform in its course, or there may be intervals of seeming amendment, in which the subject appears to regain his power, but only after a longer or shorter time to suffer a relapse, falling back into his former, or perhaps into a worse condition. This disorder, whether permanent or periodical, has been designated by the term dipsomania.

This doctrine of involuntary drunkenness, however, has not yet met with general acceptance, and it is not known that it has ever been presented distinctly in courts. But it is hardly to be doubted, that there is a state of disease, nearly akin to insanity, that is the effect of frequent intoxication, and which, in its turn, may aggravate that from which it has arisen. Cases of this kind will give rise to extreme embarrassment, when crime has been committed in a paroxysm of drunkenness; to draw the line between intoxication and insanity, will then be a difficult task, even to the most experienced and discerning.*

* Beck has a remark bearing somewhat upon cases of this description. "If spirituous liquors" he says, "exercise such an influence as to render it doubtful concerning the state of mind at the time, we may reasonably infer that the alienation is becoming permanent."

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There are other cases, in which the marks of mental derangement have become so decided and clear, as to remove all doubt, the line between healthy and disordered action, having been fully passed over. The disease that has supervened has now become fixed, and exercises at all times a manifest influence upon the operations of mind. The habit which has caused this state, may still be continued, and be followed by its usual effects, but this can give rise to little obscurity, because the situation of the man during the intervals of abstinence, will furnish sufficient ground for an opinion as to the source of his acts. The occasional disorder need scarcely be brought into view, when the permanent condition of the subject, gives a sufficient clue to his course.

Beside the disorders above mentioned, there are others which arise from the use of intoxicating drinks, but in a manner not so direct, occurring in some cases only, and as a remote effect. The best known of these affections is, that which is usually denominated *mania a potu*. This has frequently become the subject of investigation in courts, on account of the commission of crime whilst under its influence, and important, though not entirely concurrent, decisions, have been made in regard to it. An early case in this country, that excited general attention, occurred in the state of Ohio. It was that of a man on trial for the murder of his wife. The evidence was such as to leave no doubt as to the fact of the murder, and the defence set up was *mania a potu*. From medical and other testimony, the existence of this disorder, at the time of the murder, was made sufficiently clear, and hence, the only question was, in what light this disorder was to be considered in regard to a responsibility for acts. Necessarily involved in this question was the inquiry, whether there was a material distinction between the disorder of drunkenness, and the affection then under notice; no one maintaining that drunkenness could be allowed as an excuse in such a case. But it was said that *mania a potu* was not essentially or usually connected with drunkenness, but was only an accidental effect, not one which the subject had knowingly and voluntarily brought upon himself by his own act; and of consequence, that this affection should be considered distinctly, and the case in question be examined as though it were simply one of insanity. On the other hand it was contended that it was to be regarded merely as a case of drunkenness. In the charge from the Court, the facts of the case were presented, and an intimation given, that the mental condition of the prisoner was to be determined according to the ancient test, a capacity to judge between right and wrong. The jury

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believing that such a capacity existed, rendered a verdict of murder in the first degree.*

Not far from the same time, a similar case was tried in the Circuit Court of the United States. It was that of the master of a ship who was indicted for the murder of his second mate. Here too, the facts were clearly brought out. The prisoner had been drinking excessively, but afterwards had thrown all the liquor in the ship overboard, and consequently nothing of the kind was within his reach. Two or three days afterward he became unwell, and finally exhibited all the symptoms of *mania a potu*, and during the continuance of this state, he committed the murder in the presence of divers persons. In this case, some important questions which had been passed over in the one before mentioned, were fully considered and decided. Justice Story said that "the question made at the bar is, whether insanity whose remote cause is habitual drunkenness, is, or is not, an excuse in a court of law, for a homicide committed by the party while so insane, but not at the time intoxicated, or under the influence of liquor. We are clearly of opinion that insanity is a competent excuse in such a case. In general, insanity is an excuse for any crime, because the party has not the possession of his reason, which includes responsibility. An exception is, when the crime is committed while the party is in a state of intoxication, and while it lasts, and not as in this case a remote consequence superinduced by the antecedent exhaustion of the party, arising from gross and habitual drunkenness. However criminal, in a moral point of view, such an indulgence is, and however justly a party may be responsible for his acts, arising from it, to Almighty God, human tribunals are generally restricted from punishing them, since they are not the acts of a reasonable being. Had the crime been committed by the prisoner whilst in a state of intoxication, he would have been liable to be convicted of murder. As he was not then intoxicated, but merely insane from an abstinence from liquor, he cannot be pronounced guilty of the offence." The jury returned a verdict of not guilty.

In a subsequent case, which was tried in the state of Maine, the general features were very similar to those already noticed, and the Court instructed the jury, that if they believed the prisoner was laboring under insanity at the time of the commission of the act, it was not necessary to go into an inquiry as to the particular kind or species. Here too there was an acquittal.

* North American Medical and Surgical Journal, No. xvi. Ray's Jurisprudence of Insanity, p. 465.

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These decisions would seem to have established the principle, that the derangement of *mania a potu* may be urged, and may serve as a complete defence in criminal cases. And for such a distinction between this disease and drunkenness, there would seem to be sufficient reason: there being a most obvious difference not only in regard to origin, but also in the character of the mental affections. In *mania a potu*, the disorder is of quite a different kind from that in drunkenness, as well as of far longer duration.

A class of cases exists, in which there is a diseased condition, not arising at all from drunkenness, but which may yet became complicated with it, and a combined effect be presented that may prove extremely embarrassing. The following case may serve as an illustration of the class.

"William McDonough was indicted and tried for the murder of his wife, before the Supreme Court of the state of Massachusetts, in November, 1817. It appeared in testimony, that several years before, he had received a severe injury of the head, that although relieved of this, yet its effects were such as occasionally to render him insane. At these periods he complained greatly of his head. The use of spirituous liquors immediately induced a return of the paroxysms, and in one of these, thus induced, he murdered his wife. He was, with great propriety found guilty. The voluntary use of a stimulus which he was fully aware would disorder his mind, fully placed him within the power of the law."*

The above narrative containing but few particulars, can only be judged of from its general aspect; the case was one of much delicacy, and it may not be proper, without fuller knowledge, to pronounce, that the verdict given, was not quite warranted. But it is clear that there was much in the man's disorder beside that which had resulted from his own act. If it cannot be supposed that the previous affection would have led to the commission of the act without the stimulus of drink, it still may be safely concluded that, on account of his previous condition, the effect of intoxicating drink upon him was entirely unusual, and therefore not such as might have been anticipated; not such as one might say he had deliberately brought upon himself by his own act. The case, indeed, is stated in such a manner as to convey the idea, that insane attacks, from the same cause, had frequently occurred; and it might be alleged, indeed it is alleged, that such experience had given warning sufficient, and had taken away all ground for excuse. But had the act

* Beck's Medical Jurisprudence.

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in question been committed, as surely it might have been, in the first of these attacks, there would then have been no foundation for the argument from experience. And besides, though insanity should occur in connexion with drunkenness ever so frequently, it still cannot be regarded as properly belonging to the paroxysm, and therefore should hardly be brought within the very same rule, in regard to responsibility for acts. In reference to cases of this nature, it has been said, that "if either the insanity has supervened from drinking, without the panels being aware that such an indulgence in his case leads to such a consequence; or if it has arisen from the combination of drinking with a half crazy or infirm state of mind, or a previous wound or illness, which rendered spirits fatal to his intellect, to a degree unusual in other men, or which would not have been anticipated, it seems inhuman to visit him with the extreme punishment which was suitable in the other case. In such a case it is proper to convict; but in consideration of the degree of infirmity proved, recommend to the royal mercy."*

BIBLIOGRAPHICAL NOTICES.

THE ELEMENTS OF MATERIA MEDICA AND THERAPEUTICS. BY JONATHAN PEREIRA, M. D., F. R. S., L. S. *Third American Edition, enlarged and improved, by the Author. Edited by* JOSEPH CARSON, M. D., &c., Vol. II. Philadelphia, Blanchard and Lea, 1854. (pp. 1226.)

NONE the less welcome, because so long expected, comes this second volume of the great treasury of pharmacological learning. When Dr. Pereira commenced the compilation of this superb work, he appears to have been resolved not only to exhaust the entire field of medical literature in regard to his topic, but to use every aid that could be furnished by botany, chemistry, and the microscope, and in addition, to cultivate a thorough knowledge of the Drug-trade, in all its various ramifications. The mystifications produced, in many instances, by the obscurity of the channels through which drugs reach us, but more frequently by their fraudulent adulterations, imitations or substitution, and monopoly, constitute a study of themselves, and one for the prosecution of which the peculiar relations of Dr. P. to commercial interests in the city of London, gave him unusual facilities. All these sources of information he explored with the most faithful energy, and the result has been the most complete and thorough treatise on the Materia Medica extant, in any language. If liable to any objection, it is that of superabundant richness. The stu-

* Alison's Criminal Law of Scotland. See Ray, p. 459.

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dent is overwhelmed with the copiousness of the material presented, being left without a guide to distinguish between the articles of present practical importance and those seldom or never used. Hence it has been said to be a better book for teachers than for pupils; and some practitioners have hesitated to make it their text-book or to put it into the hands of their office students. We can understand this hesitation on the part of those who are afraid of learning *too much* on the subject. All others, we apprehend, will rejoice to possess this full storehouse of facts, if only for the sake of reference. For it is to be remembered, that whatever Dr. P. asserts positively may be relied on implicitly. There never was a writer more cautious in his statements, or who would cling to a difficult question more tenaciously until he had mastered it. The repeated interruptions to the appearance of this revised edition, were produced by his searching into points requiring elucidation, and which he would not pass by until satisfactorily settled. The first volume of the present American edition, was issued by Lea & Blanchard in 1851; at which time it was announced that the second volume would appear in a few months. Yet its revision had not proceeded beyond the article Cinchona, at the time of the author's death, in January 1853. Considerable delay had occurred while revising his history of the Cardamoms and Turmerics—not matters of great practical moment, but sufficiently important in the estimation of Dr. P. to be treated correctly at any cost. But the principal interruption was at the section on Cinchona, which has been almost entirely re-written, with the addition of a large mass of new and interesting matter.

It is not within the the scope of a notice like the present, to enumerate the changes and additions in such a work. One or two may be indicated, however, to show that this is a revision and not a mere reprint. Thus yeast, (*Cervisiæ Fermentum*) which, in the last edition was dispatched in one page as an appendix to *Hordeum*, becomes an independent article of seven pages, illustrated by eight wood-cuts of microscopic subjects. Yeast is shown to be a minute cryptogam, and "to consist of globose, more or less ovoidal, ellipsoidal or somewhat pyriform, transparent, nucleated cells." The subject of ergot was treated in the former edition more satisfactorily than in any other treatise we know, yet even this has been improved by the addition of a microscopic investigation of the intimate structure of the sound and ergotted grains; positively establishing the opinion that the ergot is a diseased condition of the seed, produced by the presence of a parasitic fungus, the *Oidium abortifacens*. Among the additions of value, we may mention the Kwosso (*Brayera anthelmintica*), and gutta-percha tree, (*Isonandra gutta*), both of which are described and figured. The author adopts with commendation, the Dublin method of obtaining valerianic acid, and the valerianates, by the oxidation of fusel-oil with a mixture of bichromate of potassa and sulphuric acid. The article on Cinchona contains an immense amount of new and valuable matter, in reference to the botany, commercial history, and chemistry of this indispensable remedy, for which we must refer the reader to the volume itself. He will there find much of

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his old creed about barks, rather rudely dispelled. It will no longer do to confine the actively medicinal barks to a few ports of the Pacific, nor to indicate *Cortex Calisaya* as the sole source of quinia. Our easy method of disposing of all the barks from the Spanish main as "Carthagena," and therefore valueless, must be abandoned. Dr. P. recognizes twelve varieties of Cinchona; the first being the Bolivian bark or Calisaya (covering certain others which he calls *Pseudo-Calisaya.*) Of the remaining eleven, four are New Grenada barks, which reach us by the way of the Rio Magdalena, and are known as Carthagena and Maracaibo barks. The variety known as *Pitaya* (hard, yellow Carthagena) is said to be especially rich in alkaloids. The *Coqueta* variety has yielded as high as 133 grains of sulphate of quinia to the pound. The excessive price of the Calisaya causes these barks to be employed, and we are of opinion that most of the quinia sold in our shops of late, both American and imported, is from this source. It becomes then a question of immense importance to decide whether the alkaloid obtained is really quinia, or at any rate, all quinia. Dr. P., and others seem to have no doubt of the fact. Guibourt found 1000 parts of *Pitaya* to contain 11 parts sulph. quiniæ, and 23 cinchonia—exceedingly rich. The poorest specimen of Coqueta bark examined by Howard and Hindsley, of London, yielded, it is said, 32 grains sulph. quiniæ to the pound. Others, however, have thought that the alkaloid thus obtained, is not quinia proper, but the analogous substance to which the name of *quinidina* has been given, and which is said, although identical in therapeutic power with the former, to require to be given in a much larger dose. If this be true, the very general complaint we have recently heard of the inefficiency of the commercial quinia, may be explained without resorting to the hypothesis of intentional adulteration. It is desirable that this important topic should be thoroughly investigated and speedily settled.

As already intimated, the revision of the work was left incomplete at the sudden decease of the author. The remaining portion has been revised by Drs. Alfred S. Taylor and G. Owen Rees, who have performed their part faithfully and learnedly. The American edition has been issued under the care of Professor Carson, whose additions, although not numerous, are always judicious and valuable.

A TREATISE ON ACUTE AND CHRONIC DISEASES OF THE NECK OF THE UTERUS. *Illustrated with numerous plates, colored and plain.* By CHARLES D. MEIGS, M. D., &c. Philadelphia, Blanchard and Lea, 1854. (8 vo. pp. 116).

THIS work is a reproduction of the report on Diseases of the Cervix Uteri, made to the American Medical Association at its New York Meeting, and to be found in the Transactions for May, 1853. It has, therefore, been already before the public, but its present form will give it a wider circulation, which it well deserves. It is not liable to the charge of diffuseness, which will justly lie against others of its author's productions, but contains a large mass of valuable matter in a small space.—Some points are touched even more cursorily than we could wish, consi-

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dering that they are subjects of professional disagreement and even controversy.

The practitioner will find an especial interest in the remarks upon Leucorrhœa and the use of the Speculum Uteri. Every sentence of this portion of the book is filled with valuable practical suggestions. Dr. M. refers to the popular notion of the debilitating effects of *fluor albus*, to show that the languor and debility are not owing to the mere loss by secretion, (which is totally inadequate, and may occur profusely from the vaginal mucous surface without any such effect,) but is a sympathetic result of disease of the cervix. His remarks, as to when and how the speculum is to be used, display judgment and moderation. All questions which, like this, involve considerations of professional morality, must be left, in a great measure, to the individual conscience and right feeling of the practitioner. If he is imbued with the principles of the Christian gentleman, his action will be safe and proper. If, on the contrary, he is false, dishonest, and an extortioner, no rules will bind him. That the speculum has been much abused, there is no doubt. That the extreme sensitiveness of women, in regard to the threatenings of uterine disease, has been used to make them submit to unnecessary exposure and uncalled-for treatment, is, we fear, susceptible of proof. That serious errors of diagnosis have been committed in mistaking discolorations, hypertrophied mucous crypts, &c., for ulcers, is equally undeniable. Still there are cases of diseases of the os and cervix, in which metroscopic examination gives a clearness of diagnosis, and an efficacy of treatment impossible without it. The remedy for the existing difficulty—for there is no disguising the fact, that this subject has caused a serious difficulty in the professional mind—is for the profession to set their faces, like a flint, against the *speculum specialty* as an arrant quackery, and to let us see the educated and skilful use of the instrument in the hands of every man who pretends to treat uterine disease at all. We agree with Dr. M. in his condemnation of the valvular speculum. The tubular form is certainly preferable, when the object to be inspected is the uterus. Dr. M. recommends a plain silver tube, *blackened on the inside*. The last point is peculiar, and deserves notice. Dr. M. asserts that the irregular reflection from a bright surface, causes the appearance of red spots and patches, which may be mistaken for disease. He is right, according to all rules of Optics; and it only remains to determine, whether, in such blackened tube, a sufficient amount of light can generally be made to reach the bottom, to secure perfect vision. We also perceive that Dr. M. steps aside, (p. 97) to have his customary kick at the abdominal supporter, which, he admits, is still prescribed by men eminent in the profession. Here is another matter, which we wish was definitely settled. On the one hand, our principal obstetric authorities condemn this instrument in the most unmeasured terms; while, on the other, the great body of the profession continue to use it, simply because they think they find it to answer the purpose for which it was intended. We would respectfully suggest this to some of our able contributors, as a topic for research, and will gladly open our columns to its fair and full discussion.

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The illustrations of the work are mostly colored lithographs, and although liable to some criticism, they are of superior order. In some, the artist is to blame, his work being coarse, smutted and wanting in distinctness of outline. The faithfulness of the delineations demands the highest praise. The writer of this notice was the attending physician of the lady whose autopsy furnished the dissection figured in (pl. 22). He was aware that Dr. M. made a pencil sketch of it in his note-book, with the measurements attached; but he did not know that any further use would be made of it. Yet he recognized the appearance the moment he opened the book, although a couple of years had elapsed since the autopsy. A more striking proof of accuracy could not well be advanced, and it therefore, gives us pleasure to bear this testimony.

PNEUMONIA; *its supposed connection, Pathological and Etiological, with Autumnal Fevers; including an inquiry into the existence and morbid agency of Malaria.* By R. LA ROCHE, M. D., &c. Philadelphia, Blanchard & Lea, 1854, (8vo. pp. 502.)

WE regret that our limits prevent our giving its deserved fullness of notice to this excellent work, which we regard as one of the most valuable ever issued from the American press. Nothing, short of an extended review, would suffice to convey to the reader an abstract of the copious array of facts and arguments by which Dr. L. combats, and, as we conceive, overthrows, what has been of late a growing error in our country. We therefore abstain from any attempt at an analysis of the work, and urge all our readers, (especially all who live in fever districts,) to examine it carefully for themselves. The question proposed by the author is the alledged identity, as to cause and character, of pneumonia and autumnal fever, but with this he has connected a full discussion of the whole wide topic of *malaria* and telluric exhalation. It has been customary in certain quarters, of late, to throw doubt on the theory of Miasm, and to ascribe autumnal fevers to the same thermometric, barometric and hygrometric vicissitudes which produce pulmonary inflammation. The fallacy of this reasoning, Dr. L. exposes in a masterly manner. He demonstrates, to our entire satisfaction, the existence and morbific power of *malaria*, and shows that the circumstances engendering pneumonia, are clearly distinct from those which occasion periodic fever. The history, given in this connection, of malaria as a cause of disease, is full and precise. We do not recall another book in our language in which the reader will find this topic as well treated. It should be in the hands of every physician who has fall fevers to manage. We sincerely trust that it may have a large circulation in the South and West, where its arguments and instructions are most needed.

It is interesting, moreover, as being a truly original and American book, showing that we are competent to something more than the "*editing*" of English books, "with (or, as too often happens, without) notes and additions." Dr. L. has long been known to a limited circle, as a gentleman of great learning and rather unusual powers of analysis, and his name has not been entirely unknown to the general profession; but this effort will secure for him a reputation as wide-spread as it is well founded.

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Homœopathy Fairly Represented. *A Reply to Prof. Simpson's "Homœopathy" Misrepresented.* By Wm. Henderson, M. D., &c. Philadelphia, Lindsay and Blakiston, 1854, (8 vo. pp. 302.)

There is no more wearisome task on earth, than the attempt to read a book written by a man in an ungovernable passion; especially if the reader has no sympathy with the excited feeling of the author. Such have we found to be the case with the present volume, which purports to be an answer to the work of Dr. Simpson, noticed in our last. We confess that we have found it spiced beyond the tolerance of our palate, and have been obliged to lay it aside in disgust. The violent anger of the writer stands out upon the title page, roars in the preface, becomes hysterically shrill in the earlier chapters, and grows louder and more blatant to the end. We know very little of Dr. Henderson; but we cannot consider him a very amiable person. If he ever was such, the "persecutions," which he alleges he has undergone for his faith's sake, have dismally soured his temper, and converted all the "milk of human kindness" in his composition, into the gall of bitterness. To Dr. S. he applies numerous epithets, more expressive than nice; and he does not hesitate to attack grossly the social and moral, as well as professional standing of any one whom that gentleman quotes, in confirmation of his views or assertions. In this way, our countryman, Dr. Horace Green, comes to be most unmercifully pilloried, and the same fate is met by the German gentlemen, mentioned in the extract, in our last number. Dr. H. is very fond of using ridicule, and it must be confessed, that his sarcasm displays no lack of bitterness, although deficient in the more genial elements. Indeed, his laugh has something *hyena-ish* about it, which is anything but mirth-inspiring. Altogether, the manifestation of temper is bad, execrably bad, and the book is, in this respect, a disgrace to the literature of the day, being a striking contrast with the work to which it professes to reply, and which, however severe in its criticism, is always quiet in tone, and respectful in expression.

Not having reviewed the argument of Dr. S., we will not, of course, enter into an examination of the attempted reply. We may remark, however, that it is precisely what might be expected from its temper. Arguments are met with rant, and facts with angry declamation, and, when he can do no better, the writer raises the doleful cry of "persecution," and casts himself upon the sympathies of his readers, to take his sufferings in place of his reasonings. Some of his arguments are beneath contempt, and want even the infinitesimal amount of verisimilitude that might suffice for the homœopathic mind. His attempt to bring sulphate of quinia within the operation of the law of *similia similibus*, is all a contemptibly and transparently unfair taking advantage of the loose manner in which the word *fever* is used by medical writers, to signify anything from a grave, specific, general disease down to a momentarily excited circulation. In his remarks on the "Itch Doctrine," he evidently thinks he has fairly tripped up his antagonist and enlarges accordingly. He first makes the violent assumption, that Hahnemann did not mean itch precisely by *psora*, but rather all cutaneous disease, because

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itch is only of late understood; and then he goes back to the humoral pathology of the last century, to show what morbific effects they then ascribed to the retention of excretions, especially the cutaneous. He thus demands that the great revelator of medical light to the nineteenth century, shall be tried by the scientific standard of the middle of the eighteenth! But was the mighty seer exempt from the law and obligation of progress? He lived, practiced, and taught many years after the microscope had demonstrated the parasite in itch; and yet he always continued to use the term as his followers still do. Unfortunately for them, their "system," like all others of the kind, is unalterable by its assumptions, and therefore, to change is to die. But we have already given a greater space to Dr. H. than we intended. If, however, we thought he would heed us, we would still whisper a parting word of advice into his ear, suggesting a blue pill in the evening, and saline draught the next day, with milk diet and retirement from the field of controversy, until he has grown a milder temper and better manners.

A TREATISE ON VENEREAL DISEASES. By A. VIDAL (de Casis.) *With colored plates. Translated and edited* By GEORGE C. BLACKMAN, M. D., &c. New York, S. S. & W. Wood, 1854. (8vo. pp. 499.)

When we desire definite information in regard to the class of diseases treated in this volume, we naturally turn to the great centre of the civilisation and vice of christendom. The extensive *Hôpital du Midi*, of Paris is, and will probably long continue to be one chief source of authority upon these affections. Its principal surgeons at present, are Messrs. Ricord and Vidal (de Cassis,) and to whatever comes from either of them, the greatest importance necessarily attaches. They differ from each other widely in regard to topics of primary interest, and each maintains his position with zeal and ability. Ricord's popularity has been enormous and his authority overpowering. In this country, (more than elsewhere,) his word has been regarded as law. Yet observing men, and especially those who have made syphilis their particular study, have been more inclined to repose confidence in his quieter and less boastful colleague and rival, the author of the present volume, which is to our minds, more satisfactory than the more pretending work of Ricord. Every practitioner should have near him a text-book on venereal diseases. If they seldom present themselves, the more need has he for a ready authority to consult, or he may improperly treat them or lose invaluable time. For this purpose we do not know a better book than M. Vidal's, and we cheerfully recommend it to our readers. The translation is a good one, and the notes of Dr. Blackman add value to the work.

☞ WE have been obliged, for want of space, to postpone two or three book notices prepared for this number, to our next issue.

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EDITORIAL.

AN AMERICAN MEDICAL REVIEW.

In noticing the report of Dr. N. S. Davis, on Medical Literature, at the meeting of the National Association, in New York, in our number for May last, we quoted particularly, his severe remarks upon the critical department of our Journals. These remarks lose none of their severity, as we now read them at our leisure in the published proceedings; but we still must concede their general correctness, and approve their spirit. It is undeniable, that the critical standard of our best Journals is not high, compared with those of Europe. They seldom, if ever, present us with a *Review* worthy of the name. Dr. D. is right in saying that they rarely rise above a "book notice." We agree with him also, in deploring this state of things, as one discreditable to the great medical body of our country, and calling for speedy reform. In any feasible plan for the elevation of this department of American Journalism we are prepared cordially to unite, and cheerfully to co-operate. Let us have a definite proposition to act upon, and we will help it forward with voice and pen, to the extent of our humble abilities.

But let us first carefully see what we are about, and not confound together things essentially distinct. The *Critical Review* has its peculiar and independent place in periodical literature, being generally regarded as its highest department. It belongs to the category of severer studies, rather than of light reading. It is not like the Journal, to be picked up for the entertainment of the vacant half hour, and then thrown aside, but requires careful and continuous perusal. It will not bear too frequent repetition. The quarterly form is that almost universally approved. Never to our knowledge, has it flourished as a subordinate department of any other form of Journalism. The Journal proper, has its appropriate use in the frequent periodical report of medical intelligence, and short articles partaking of the "news" character; and the more Eclectic Magazines are serviceable by collecting such items of professional information into a more concentrated form. In both these, however, the extended review is out of place, and is invariably pronounced "heavy." From the very exigencies of the case, it changes its style and becomes what Dr. D. deprecates, a mere book-notice! If, therefore,

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the profession desire a Review, we hold that they must support a publication exclusively devoted to it. Will patronage be afforded? There cannot be a doubt of it. Look at the liberal support given for years to the re-publication of the Medico-Chirurgical Review. How then shall it be originated? Some have suggested that it should be published by (or be in some way under the control of), the National Association. We confess that we can see strong objections to this plan, from the outset, but it will be fairer to wait for details before urging them. Shall it be left to individual enterprise? Here are difficulties again. We may have to wait indefinitely for our Review, and when started, it will probably be by some of the great publishing houses, whose books are to be the subjects of its critical animadversions! Plainly, that will not answer. Whichever way we turn, there is difficulty, and the whole subject therefore deserves a deliberate and thoughtful discussion. We trust that it may come up at the next meeting of the National Association, and that some action may be had. It is not likely to be allowed to sleep, now that Dr. Davis has taken it in hand. He is not the man, as his connection with the early history of the Association shows, to turn back after he has once put his hand to the plough. We wish him success, and tender him all the little assistance we can afford him.

In the meantime, we must take issue with him in regard to his implied (rather than distinctly expressed,) sweeping censure of the book-notices of our Journals. As far as these are mere "bookseller's puffs," they of course, deserve the worst Dr. D. or any body else may say of them. This abuse arises from a circumstrnce before referred to—i. e. that the Journals in question are the property of wealthy book-publishing houses, who regard them mainly as advertising media. But this abuse of a thing does not argue against its proper use. The book-notice is an integral, and always interesting portion of the Journal, and is entirely different in object and method, from the Review. The latter concerns topics rather than particular books. Thus, the simultaneous appearance of two or more works on chronic uterine diseases, might suggest an extended and philosophical examination of the entire topic, in which the said books would be examined, compared, and estimated. The subject being thus exhausted, would not accumulate interest again for another such examination, under several years, or, if it did, could not claim space in the same Review, without undue exclusion of other important matter. But new books on the subject appear from time to time. New editions show sometimes, altered views, sometimes new facts or therapeutic processes of value. Are these to be passed in profound silence, because no-

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worthy to aspire to the solemn dignity of a regular review? It is to such cases that the Bibliographical Notice is precisely adapted. Its object is to announce to the profession the appearance of every new book, with some slight indications of its scope and character. That such notices are almost always commendatory, may be evidence of the general merit of our medical literature, or it may merely prove the great good nature of the critics. We plead guilty to being commendatory wherever we justly can be so, and we confess that our object is, in one important respect, identical with that of the compilers of "booksellers' puffs." Our common intention is to induce our readers to buy books—they, with a sole view to the pecuniary interest—we, because, we desire to see a library in every Doctor's office. One of our earliest professional recollections is of a country Doctor's office we once visited, where the impressions left on our mind, were of a lot of extremely dirty drawers; a number of unlabelled bottles, whose contents were invisible from external incrustation; a very bad smell; some snakes in a glass jar of spirits, and a torn copy of Coxe's Dispensatory—the latter being its sole literary treasure! And yet the proprietor of this den, (personally a most estimable man,) passed for an intelligent regular practitioner! We cheerfully admit that a case of this kind has become almost impossible in our day; but, in making the admission, we claim the credit of the change, in great degree, for this very department of "Notices," which has stimulated and kept alive the demand for new books and the love of reading.

AMERICAN MEDICAL ASSOCIATION.

As the spring opens upon us, and its fresh verdure peeps out from the cold bed in which it has lain for so many months, we can but remember again the annual coming forth of the American Medical Association. The radicles that have eminated from its centre, penetrated the deep soil of the profession, and now lie embedded in the various medical organizations of the nation, are being revived by the salutary action of the faithful guardians of her interests, and the budding has already commenced, that indicates a fruitful harvest, to be gathered in the far-off West. We are glad that St. Louis has been selected, as the next place of meeting. The West deserves to call in the forces of the profession to her own bosom, and we are assured, that a hearty welcome will not only be given to distant members, but a stimulus imparted to the medical zeal and energy of the great valley, and of all the region from the Delta, to the virgin lakes that lie at its source, that we trust may be felt in the

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general improvement of medical science. We would urge upon local societies in our State, to send on the names of their delegates, to Dr. E. S. Lemoine, of St. Louis, who will register them, and provide for their accommodation.

Dr. Lemoine, one of the Secretaries of the Association at St. Louis, writes us—"Our various committees are actively engaged, preparing for the reception and *entertainment* of a *large* delegation; and we hope to have the pleasure of welcoming the representatives of every medical body in the Union. Lists of delegates are coming in from all directions, and we have the prospect of a large attendance."

We will not occupy space in anticipating the action of the Association, upon subjects, about which we have spoken freely before—but we felt bound to remind our friends of the Meeting.

For the past three years, we have furnished our readers with early, and full reports of the proceedings of the Association, and this year, we are making arrangements, through the courtesy of Dr. Lemoine, for a special report of the proceedings at St. Louis, for our pages.

J. P.

Articles on the American Medical Association.—WE present our readers this month with number three of this interesting series of papers, comprising the history of the Association for 1847. These articles which are increasingly interesting, are attracting the attention of the profession, and we trust they will exert an influence for good.

We are assured by the engraver, that the Portrait of Dr. A. H. Stevens will be ready for our May number. The biography and Portrait of the late Dr. Chapman, will be issued in the form of a supplement to the Reporter, as soon as the former is ready.

Portraits of Drs. J. C. Warren, of Boston, R. D. Muzzey of Cincinnati, and the other Presidents of the Association will follow in their order.

☞ A variety of Editorial and other matter, is excluded for want of space.

NOTICE.—Correspondents, who wish to address Dr. Parrish, will please direct their communications to the N. W. Corner of Arch and Seventh Streets, Philadelphia.

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THE

NEW JERSEY MEDICAL REPORTER.

VOL. VII. MAY, 1854. NO. V.

"The Change of Life," *in Women; with remarks on the periods usually called "Critical."*

By Joseph Parrish, M. D.

NUMBER IV.

Sympathy between Brain and Uterus;—Uterus matures early—mind does not. Women should welcome the "Change;"—Illustration of Speculum Specialty.—Injury to the morale of the Sex.

We have said that the time comes in the history of woman, when the mind acts with mature vigor, and the generative organs decline. This sentiment is predicated on the fact, (or, if preferred,) the assumption, that there is a striking sympathy between the mind and the womb, though each may perform its functions with entire independence. They do not begin in early life, to exhibit their powers at the same time, and yet go on for the score and a half of years allotted to uterine activity, in near relation to each other. When the uterus ceases to draw upon the nervous energy for support, the mind, strong in years, and mature in knowledge, goes on to the more perfect development of its powers, till, in old age, the brightest gem in the circle that adorns its venerable crown, is wisdom. The uterus matures early,—the mind does not. One is destined to a short existence. The other, to an immortal life. True, as in second childhood, or in the condition usually known as the period of dotage, there may be a perceptible failing of mental power. The vigor of earlier days may pass away, and a sad imbecility, hang like a pall, upon the darkened pathway of the aged matron. But even in cases of this kind, it is a question, whether the power of the mind to live, and enjoy, and even to progress, is lost. In the multitude of infirmities, that crowd about the human form, and crush it to the earth, the mind may be buried in the wreck; but it is a good thought to think, that it is only *buried* from sight—that it assumes na-

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tive life again, in its native clime—and that it may go on from one state of perfection to another, in accordance with its unending destiny.

As the uterus matures early, so it dies early: for when it ceases to act, it begins to die. After its allotted time, it may never be renovated again. This is not an accident, but a law—not a misfortune, but a blessing. And yet, the ever active mind dwells upon it, thinks it over, and imagines evil. It anticipates trouble, and sorrow, before it realizes them. The "critical time" comes. The subject of it has passed through the varied changes, incident to a state of virginity, and fruitful womanhood, and now occupies a stand-point, hitherto unexperienced. She looks back, counts her many escapes from danger, her wonderful recoveries from serious disease perhaps, numbers her growing flock, and feels a just and lofty pride, that she has filled her place in the social, and domestic relations of life. She casts too, a timid glance, into the perspective that lies before her, and as she sees it gradually narrowing to a point, it may be in her view, distant or otherwise, she is too apt to anticipate a gloomy pilgrimage, over the untried pathway that lies before her. For the first time in her history, the flow that has hitherto returned at regular intervals, ceases, without the intervention of pregnancy, or any known cause, over which she has control; and for this reason alone, she startles, and doubts. And while she may be strong with many days, and wise, with much experience, it is no marvel, that as she stands upon the narrow line, which divides her life, she looks upon either side,—to the past and the future, with conflicting emotions, such as no one can faithfully describe, but herself. It is difficult for her to realize, that for this cessation there is a natural *cause*, as there was a cause for the first appearance of the menses, or for their occasional interruption. And as her mind wanders away to the fields of fancy, she broods over unreal evils, and becomes the victim of actual disease. I would not be understood to assert, that the afflictions often noticed at this period, are invariably the result of a morbid mental condition—far from it;—but that there are often reasons for seeking medical counsel, that have their origin solely in groundless mental apprehension. If it be true, that there is a perversion of feeling, and temper, when the menses are arrested by pregnancy, may it not be true, that when they cease to flow, at all, we may witness other equally singular exhibitions of mental and moral feeling?

It is a curious fact, that in cases, where the menses are arrested by disease, the moral and mental phenomena are not perverted, as they are, when a natural cause interrupts their regular appearance. It is true, the

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brain, may be oppressed, and the countenance dejected; and there may be pain, or a sense of weight or fullness in the head, perhaps. And while all these symptoms, indicate a near sympathetic relation between the brain and the uterus, they present a modification which strikingly indicates the line, between organic disease or disturbance, and the nervous, or as we have already called it, the *telegraphic* power which maintains a relation, or intercouse between the two.

In amenorrhœa for example, depending upon an atonic state of the system, or, perhaps the result of cold, or other accident, we see neither the morbid taste, which is exhibited in pregnancy, for strange and disgusting food, or none of the exquisite apprehensions, which are constantly agitating the mind of the matron, as she approaches the last "critical period," peculiar to her sex. It will not be denied, we think, by any one of experience, who has closely observed the psychical expressions of the female under the various manifestations of uterine disturbance, whether natural, or morbid, that the brain maintains a nearer sympathetic relation with the generative system than any other organ of the body, with perhaps the exception of the stomach, which also participates largely in the disturbances induced through the nervous system. If it were not so, we might reasonably expect to find engorgment of the liver, as well as of the brain, in the event of a suppression of the catamenia. We should expect our patients to refer to the hypochondriac region, as often as to the cerebral, as the seat of uneasiness. And we see no reason why the contiguity of the bladder, the kidneys or the bowels, might not render them as liable to take on sympathetic action, if it was not that the brain was ordained the guardian of that particular system of organs which refers to the *production* of intelligent beings. We must be careful not to lose sight, at this juncture, of the fact, that since the womb has been an active organ, the mind perhaps, was never more capable of exerting its powers; and that the womb, was never less so. Now, it may seem strange to dwell upon this fact—and yet, it is considered one of importance, and is presented here, thus prominently to secure the attention of the reader to the idea offered in essay, No. 1., to wit: that "woman should learn to *welcome*, rather than to fear this change," and that it is the office of the physician at such a period, "not to alarm, but to *encourage*, and support" his patient. To welcome the cessation of a natural, periodical, and healthy discharge, may seem difficult. To believe, that from a certain time of life, it would be unnatural, and unhealthy, for it to continue, after at least thirty years of regular recurrence, may seem difficult. That such an entire, and positive revolution should

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occur in the female constitution, without leaving traces of disease, and causing suffering may also seem difficult to realize. But the mind must be disciplined into the service; the woman must rise above her apprehensions, and the thoughtful physician hold up her hands, and give her a cheerful onward bidding.

The expérience of the writer, with this class of patients, has not been inconsiderable. It has been his privilege to attend many females of strong and cultivated intelligence, safely through this period, by the simple expedient here referred to—keeping the mind, as it were, above the womb,—the thoughts above disease,—the hopes beyond danger, and it has been his happy lot to see many cross the line, without apprehension, and hence without suffering. True, if there is disease in the system, lurking there, in anticipation of laying hold of a debilitated, innervated organ, upon which to expend its ravages, no mental effort can restrain its power. This we have often seen, and perhaps no physician has ever watched over the last days of a patient, writhing in the pains of cancer of the womb, and forgotten the hours of suffering, in which his skill has failed to alleviate, and his sympathy been unable to soothe. But we have to do with the thousand and one ailments, that are the result of morbid fear, or groundless apprehension, and which it is asserted may be prevented, by bringing to bear the mental powers of the individual herself.

The brain, the guardian of the uterus. The strong, the protector of the feeble. This is the idea. Suppose the strong, to be untrained. Let it be the generator, and the cultivator, of false, and imaginary ideas, and those ideas, be they persistent or fugitive, durable or transient, will, just in proportion as they refer to, and operate upon the enfeebled, and dependent organ, carry the latter in their own morbid train. Apprehensions will grow into realities perhaps, fears become the ruling power, and the unfortunate patient, the slave of that power.

Let us present a case. A lady offers herself for treatment. For a few months she has menstruated irregularly. Sometimes the discharge has been abundant, and sometimes scanty. Once or twice, perhaps, clotted blood has passed the vagaina, and then again it has been deficient. She has had pain in the back, and loins, at some of her periods, and been free from it at others. The prescriber enquires about her previous habits of life, and finds that she has borne children, and has had no more than she could have expected of the common ills, and sufferings of life. He finds that she is on the shady side of forty, and if he be a man who is moved by sinister motives, dishonest, and extortionate, who makes a

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trade of his profession, and boasts of his success, he begins after this wise. "You are approaching the critical time of life. Your womb is extremely irritable; it is very feeble, and you are liable to sudden, and dangerous hemorrhage. If you do not allow me to prescribe for you regularly till you pass this *fearful* crisis, I cannot be responsible for the issue. All this clotted blood probably comes from some organic change in the structure of the uterus. It may be the commencement of a cancer, which I can arrest by caustic, or possibly there is a polypus, or some more dangerous foreign body in your womb, which will require to be extirpated." An hour is appointed for a visit; the speculum and the dreaded case of instruments, with all the paraphernalia incident to this species of quackery, are displayed. The womb is exposed to view. Females, who have never before seen the organ, are now quietly indulged with a sight, and erudite explanations whispered into their ears, and then their testimony secured to sustain the opinion of the *animal* who conducts the examination, that it is a "dreadful sight to behold." Syringes are now brought forth, and dexterously used; and then, appliances of various kinds recommended, none of which, perhaps will do harm, or good, and in the course of nature, the discharge soon ceases. The patient is free from her apprehensions, and goes from neighbor to neighbor, to laud the skill of the being who has miraculously saved her from death, while he appropriates a large fee to the feeding of his self-satisfaction, and false dignity.

Such is the road to fortune. Who will follow it? Many have. Cases of this kind have frequently come under the observation of the writer. But how much more judicious to say to a patient under these circumstances—"This is the time of life to expect a change. You could not menstruate much longer without danger, because it would be unnatural. Nature is very kind; she wishes you to be healthy, and happy during the remainder of your days, and you cannot be, without this monthly flow ceases. If the discharge is at any time excessive, rest on your bed, or couch, till it moderates. Take your ordinary food regularly, and as bountifully as is your habit, being careful not to offend your digestive system, or allow the regular action of your bowels to be interrupted.

If you feel any more unpleasant symptoms, consult your physician; but as an intelligent woman, remember that this change is for your good, and do not allow meddling nurses, or officious doctors, to convince you to the contrary; 'for the truth is not in them,' unless it may be more charitably said, that their ignorance has called them out on a truant

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errand, and made them fit subjects for the wise injunction, 'Beware of presumptuous sins.'"

The speculum practice, *per se* is unobjectionable, but the speculum *specialty*, as at present used, is a monster in the profession. A delicate, sensitive female, laid upon her back, her knees drawn up, and a valvular, or conical, or any other kind of tube, passed to the full extent of her vagina, with the light of a candle, or the direct rays of the sun, brought to bear upon the tube, and concentered in a focus, upon her womb, is an outrage upon her sex, and an indignity to the medical profession, unless in cases, rendering it absolutely necessary. The mental and moral shock, alone produced by such a course, particularly in a young, unmarried female, is sufficient to produce a train of symptoms, that may demand professional interference—and it has been often a question, whether the injury done to the *morale* of the sex, by such a system, has not greatly overbalanced the physical advantages, resulting from the unwarranted use of the instrument.

PHILADELPHIA, *April*, 1854.

TO BE CONTINUED.

Cases of Singultus. By WILLIAM JOHNSON, M. D.

SINGULTUS, often a mortal, is always to the adult, a most painful and distressing affection. When it occurs as the sequel of acute disease, its significance is important, and often boding disastrous issue. The recognized causes of this disease are various, such as predominant acidity, or alkalescency of the contents of the stomach; excessive repletion of this organ; crude and indigestible substances floating at the upper orifice; lesions of the stomach; simple spasmodic action and sympathy with a perishing organ. It is but seldom that the idiopathic form of this disease comes under the treatment of the physician; in general it readily yields to domestic appliances, and among these a lump of loaf sugar cures it, *tutò, citò et jucundè*. But it is not always that this disease even when primary and idiopathic, is so easily subdued; it is sometimes exceedingly persistent and runs on for weeks. I was once consulted by an aged man who had labored under this affection for two weeks, and cases are recorded where it has run on for nine or ten weeks. The bulk of the cases of idiopathic singultus in which I have been consulted, have occurred in the aged. The celebrated Dupuytren, however, relates a case of this form of singultus, which occurred in a female aged thirty-two years, of a very susceptible habit. The hiccups were so very dis-

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tressing, that he thought himself justifiable in resorting to the actual cautery for their removal. A red hot iron of an oval shape, and an inch in diameter, was applied to the xiphoid cartilage, until the part was reddened; the skin only was destroyed, and after several applications, the hiccups were permanently cured. In another patient he found it necessary to resort to the same measure.

From the etiology of this disease, it will be seen at a single glance, that the treatment must be variant, and that much will depend on the sagacity and judgment of the practitioner for its removal. I dismiss, however, this part of the subject, as it was not my object to write an essay, but merely to relate a couple of cases of the symptomatic affection, which, to my mind, possess much interest.

CASE 1.—W. J. aged about 45, some years since, was at the close of an attack of hepatitis seized with singultus in its most distressing form. The condition of the patient at this time, was the most unpromising. His prostration was great—his body was attenuated by disease—his skin and adnata of his eyes was of the deepest icterous tinge—there was febrile movement—the convulsive action of the stomach and diaphragm, resulting from singultus, was so great as to shake the bed on which he lay, and could be distinctly heard in an adjacent apartment. It struck me at the commencement of this attack, that my patient's hiccup was simply spasmodic, and that the tinct. assafœtida was the very article indicated. I proposed it to him, and urged its importance. He objected in the strongest terms to taking it, stating that no article was so horridly offensive to him as the assafœtida. Other articles were substituted, but they did not answer. Among the rest musk was freely given. It would, however, be tedious and unprofitable to enumerate the various medication which was employed, under the united counsel of myself and the late Dr. Isaac Ogden, of New Germantown, who attended the case daily with me. The singultus was almost constantly present, day and night, for about 8 or 9 days. My patient having now experienced the utter inutility of all that had been done for him, consented to take the assafœtida. The tincture, in doses of 40 drops, was administered every three or four hours. Almost with the first dose there was a decided mitigation of the hiccups. The assafœtida was used two or three days, when it was discontinued. No return of the spasmodic affection occurred. The patient recovered from this attack.

CASE 2.—E. R. J. aged 50, a very near and dear relative of mine, at the close of severe pleuritis, was seized with singultus, and for four days nothing in the form of food, drink, or medicine, passed the cardiac orifice of the stomach, without exciting this painful spasmodic action of the

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stomach and diaphragm. Her sufferings were so great from ingesta into the stomach, that she told me that she would rather do without drink or food, than suffer so much torture. As soon as any article entered the cardia, a "boring sensation" was produced, and singultus immediately commenced. The spasmodic action was continued for a considerable length of time, with the greatest distress to her. Day and night, this dreadful hiccup sounded in my ears the knell of departing hope. At the commencement of this attack I proposed to her vinegar, as a remedy which I thought was adapted to her case, and one that promised to be of much utility. I stated to her that I had prescribed it in doses of a tea-spoonful, four or five times a day to an aged man (a case previously alluded to) who had had the disease a fortnight, and that he was relieved almost immediately by it. She objected as strongly to taking it as did my other patient to the assafœtida. Although she was in the habit of using vinegar as a condiment, and was fond of it, she now objected in the strongest manner to its use, stating that it would so "sour her stomach that she could not bring herself to take it." It would be useless to enumerate the various articles of the materia medica which I prescribed in her case; none afforded her the slightest relief—even the application of a large epispastic over the stomach. At the end of the fourth day I urged again the vinegar even in very small doses. She now consented to take it. One large sized tea spoonful of vinegar of a very superior quality, was added to five tea spoonsful of water, and the medicine directed to be taken *pro re nata*. The first dose had a remarkably soothing effect upon the stomach, and was the only article that for the last four days, had not produced most distressing singultus. The spasmodic affection yielded from that hour, and before she had taken three tea spoonsful of the vinegar, she was cured. She made a good recovery to accustomed health.

Remarks. I have seldom witnessed more unmistakable evidence of remedial efficiency than was manifested in these two cases. From the first dose of the *appropriate remedies*, decided improvement took place. I have thought the cases worthy of being recorded. It sometimes happens that in the treatment of a case, we have exhausted our resources and would gladly accept a nail to hang a hope upon. To meet such a contingency, I have drawn up the foregoing cases, and present them to my medical brethren. They are among the many reminiscences of medical life to which my mind reverts with gratitude to the Giver of all good, for the signal manner with which He has blessed my humble efforts for the relief of suffering humanity.

WHITE HOUSE, *April*, 1854.

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PROCEEDINGS OF MEDICAL SOCIETIES.

District Medical Society for the County of Burlington.—The stated quarterly meeting of this Society was held at Mount Holly, on Tuesday, April 11. In the absence of the President, Vice President and Secretary, Dr. Stratton was called to the Chair, and Dr. Elwell appointed Secretary.

The minutes of the last meeting were read and adopted, when Dr. Read, who was appointed at the last meeting to open the discussion on Puerperal fever, read an essay on the subject, which gave evidence of much patient research, and an intimate practical knowledge of the disease, as well as of the opinions of medical writers. The thanks of the Society were voted to Dr. Read for his able essay, which was laid upon the table for discussion. This was carried on profitably, and with good feeling, and was participated in by several members. The subject was laid over for consideration at the next meeting.

Drs. S. C. Thornton, Jr., Geo. Goodell, and E. B. Denby who were proposed for membership at the last meeting, were unanimously elected, and Drs. Tracy E. Waller of Columbus, J. Howard Pugh, of Burlington, Lewis Baily of Lumberton, and E. B. Woolston of Vincentown, were proposed for membership.

Dr. Budd, at the request of the Society, made some statements concerning a very fatal epidemic of a congestive character, which has recently prevailed in Medford and vicinity, and was requested to draw up an account of it, to be read at the next meeting of the Society.

On motion, Drs. Spencer of Moorestown, and Butler of Burlington were appointed delegates to the meeting of the American Medical Association at St. Louis, on the 2d of May next.

Members present—Drs. Stratton, Read, Spencer, Woolston, Reid, Budd, Martin, Butler, and Elwell. Individuals not members—Drs. Pugh, Waller, E. B. Woolston and Mr. Jennings, (student) of Manahawkin.

Society adjourned to meet at the house of R. C. Humphrey, Mount Holly, on the second Tuesday, (11th) of July next.

A. ELWELL, *Sec. pro tem.*

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District Medical Society for the County of Cumberland.—At the Annual Meeting of this Society, the following officers were elected for the ensuing year:

DR. LUDLAM, *President;*
E. E. BATEMAN, *Vice-President;*
J. B. POTTER, *Secretary;*
B. R. BATEMAN, *Treasurer.*

The committee on medicine, medical men, &c., in the county, Reported, that they had made considerable progress in the collection of material, but in the hope of obtaining additional matter, they thought it desirable to defer the final report until next meeting.

Dr. Buck made statements in regard to the manner in which the committee had been employed; of the difficulty of collecting materials from such various and scattered sources; and that the work had been growing on their hands; accompanied with a request that the committee be continued.

Dr. Newkirk, the Chairman of the committee on the relation of medical men to quacks and quackery, made an able report on that subject.

The calling of the roll for epidemics, exhibited the usual catarrhal affections during the winter, accompanied, in Bridgeton, with unusual tendency to the throat, ear, and Schneiderian membrane.

In Fairfield, hooping cough prevailed, and in some cases was mingled with the anginose affection. In these instances the hooping sound was not distinguishable from the ordinary pertussis, but subsided in four or five days.

Fifteen well marked cases of Scarlatina occurred in the neighborhood of Shiloh, two of which proved fatal. Only a few sporadic cases occurred in other parts of the county.

After dinner, the Society convened, and Dr. Tomlinson read the Report of the Delegates to the New Jersey State Medical Society.

Dr. Parker delivered an address upon "the prospects of the Medical Profession in the United States."

Drs. E. Fithian and W. Elmer, were elected delegates to the American Medical Association, and Dr. Newkirk was appointed Reporter for the following year.

Present at this meeting, Drs. Bowen, Buck, Eph. Bateman, Sheppard, B. R. Bateman, Newkirk, E. E. Bateman, Elmer, Ludlam, Hampton, Tomlinson, Parker and Potter.

J. B. P., *Sec'y.*

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Transactions of the Medical Society of the State of Pennsylvania at its Annual Session, held in the City of Philadelphia, May, 1853. Published by order of the Society. Philadelphia: T. K. & P. G. Collins, Printers. pp. 126.

Transactions of the Medical Association of Southern Central New York, at the Seventh Annual Meeting, held at Ithaca, June, 1853. Auburn: Printed for the Association, by Wm. L. Moses. pp. 96.

ALTHOUGH the works, whose titles we give above, have been some time before the public, we cannot forbear a notice of them, inasmuch as such notice falls in with a general plan we have marked out, and as they contain much that is valuable, which in the form in which they are published, necessarily has a limited circulation. The works might have been noticed earlier, but for the fact that they have only recently come into our hands, and in consequence of the overcrowded state of our columns since they reached us. We hope our friends, the Secretaries of Medical Societies, will do us the favor to forward copies of their transactions, as promptly as possible, that we may notice them for the mutual benefit of their Societies, our readers, and the cause of medical science.

The *Medical Society of the State of Pennsylvania* met at Sansom street Hall, Philadelphia, on Wednesday, May 25th, 1853, and continued in session three days. The Society was called to order by the President, Dr. Hiram Corson, when Delegates to the number of eighty-seven were received from fourteen counties. Dr. JOHN P. HIESTER of Berks County, was elected President for the ensuing year, and Drs. H. S. PATTERSON, and I. R. WALKER, recording Secretaries.

The perusal of the address of the retiring president, Dr. Corson, has afforded us much gratification. It is necessarily somewhat desultory in its character, for to use Dr. C's. own words, the object of an annual address, appears to be "to furnish to the president, who is not expected to participate in the discussions, an opportunity to express his thoughts on those subjects likely to occupy the attention of the Society, or which may seem to him, appropriate topics for consideration." The whole address is worthy the known character and standing of its eminent author, and among our selected articles will be found a lengthy quotation

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from it, on *the use of alcohol in medicine*—a subject which has been a good deal discussed in the journals of late, but on which we have, as yet, said little. We commend his eloquent remarks to the candid consideration of our readers. The volume is principally taken up with reports from the county societies, most of which reflect credit on their authors. The Committee of the Montgomery County Medical Society, have the following very sensible remarks on the subject of Reports—

"We do know, that as reports are, not unfrequently, prepared, they are a mere dull, dry detail of ordinary diseases, characterized by well-known symptoms, which were treated by the ordinary routine methods of the profession, and followed by the usual results. As statistical facts, such reports may not be devoid of utility; but then for such purposes they are generally not stated with sufficient conciseness for ready use, and serve only to swell the already cumbersome mass of medical writings. As also confirmatory of well-known facts, such reports may be to a certain extent satisfactory; but we must confess that we cannot see the advantage—whilst the disadvantages are so numerous as not to require mentioning—of occupying *many pages* merely to describe the symptoms, etiology, treatment, and progress of a certain disease, only to arrive, in the end, at conclusions long since well settled. In such instances, the facts might be affirmed in a few words.

"If, however, on the contrary, our observations should lead us to conclusions different from those generally known to the profession, or to something entirely new, then, and then only, can we see the advantage of giving all the facts, and the reasoning upon them, so that the medical community at large may see the manner in which certain deductions have been arrived at."

From the reports, we gather that there was a general immunity from specific diseases in the counties represented, and that the few epidemics which did prevail, were mild in their character. Nearly all the reports give testimony as to the general prevalence of the "furunculoid epidemic," and the typhoid type that almost all diseases have tended to of late years. The most prevalent diseases seem to have been small-pox, scarlatina, measles, typhoid fever, the various types of intermittent disease, erysipelas and furunculoid affections. In an admirable paper by J. M. Gemmill, M. D., of Alexandria, Huntingdon Co., "*On Vaccination, Small-Pox, and Varioloid*," from the detail of a large number of cases, Dr. G. draws the following inferences—

"*First.* We may have the vaccine virus, and the smallpox poison, in the same scab; hence, the necessity of extreme caution as to the sources whence we obtain our virus for vaccination.

"*Second.* They show the antidotal power of the vaccine virus, as to smallpox poison. Hence, the importance of universal vaccination.

"*Third.* They go to show that lapse of time lessens the protective influence of vaccination; not so much, however, *the length* of time, as the period of life at which the lapse takes place. It would seem that, from infancy to puberty, the protection is lost in proportion to the lapse of time; as in all the cases of varioloid that occurred in per-

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sons under the puberic age, the severity of the attack was proportioned to the age of the patient.

"*Fourth.* They would favor the opinion that, during the changes which take place in the system at the age of puberty, a larger portion of the protection afforded by vaccination is lost than during the same length of time at any other period of life. Hence, I would infer the importance of universal revaccination after that period is passed.

"Although the facts detailed do not bear so particularly on the point, yet I may remark, that, in my experience, I have never met with a case of smallpox or varioloid, at any time of life, in a person who had been very recently vaccinated. Nor have I ever met with any such case in after life in a person vaccinated, or revaccinated, after having arrived at maturity. I have always found it afford certain and complete protection in all such cases. In my own case, it is twenty-five years since I was revaccinated, and ever since that time, I have been every few years exposed to the smallpox contagion, frequently in its most concentrated form, without ever having suffered in the slightest degree from its effects.

"These cases show the great difference which exists as to the degree of susceptibility to the influence of smallpox poison amongst different persons. Out of thirty-one persons vaccinated, on two successive days, with the same virus, but eight had variola in anything like a regular form; eleven had the irregular sore arm; and in twelve no apparent effect was produced. This would seem to indicate, that a wide margin should be left for exceptions, in any general rules that may be laid down as to the real amount of protection afforded by vaccination. And we might reasonably suppose, that persons who are so peculiarly susceptible to the influence of the variolous contagion, would much more readily lose a portion of the protection afforded by vaccination."

The *Scarlet Fever* that prevailed was generally of a mild type. Dr. Carpenter, (Report from Schuylkill Co.) and Dr. F. B. Poley, (Report from Montgomery Co.) speak very favorably of inunction as an adjuvant in the treatment of this disease. The latter says,

"I have frequently seen the great heat of the skin, the itching, and the restlessness of the patient, subdued, as if by magic, by rubbing the whole surface of the body with *warmed* bacon. To get the full benefit of this remedy, the patient must be *well greased*, and if the symptoms return, it must be repeated *ad libitum*."

Dr. Carpenter says,—

"My chief dependence in this disease, as an internal remedy, is on the solution of chlorate of potassa, and hydrochloric acid, as a drink. I have never seen so much benefit from any medicine, as from this. The dry brown tongue, and foul ulcers, and offensive breath, and horrible alvine discharges, are all corrected, with a certainty and celerity that are remarkable. Since I have used this remedy, with inunction, I have not lost a case of scarlet fever, and I have had many and severe cases to treat."

In *Erysipelas* one report speaks highly of the tincture of the chloride of Iron, used in the manner, we presume, recommended by Mr. G. H. Bell, which is as follows:

"If the erysipelas be mild, fifteen drops of the muriated tincture of iron are administered in water every two hours, untill the disease is completely removed. When the attack threatens to be more severe, the dose is increased to twenty-five drops every two hours, and persevered in night and day, however high the fever and delirium."

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The reporters seem to be almost united in regard to the specific character of *Typhoid Fever*. Dr. Gieger (Report from Montgomery Co.) says.

"Typhoid fever is, in my opinion, a self-limited disease. It will run its course, which is about twenty days' duration, in spite of all treatment—unless the violence of the disease, or, what is more frequently the case, the violence of the treatment cuts it short, and the life of the patient at the same time, before the expiration of this period. I look upon it as running a course almost as definite as smallpox, measles, or scarlatina, and that like those diseases, it finally terminates by eliminating some morbific poison from the blood, the nature of which, in our present state of knowledge, is entirely unknown to us."

The same unity of opinion prevails in regard to the expectant mode of treatment. Bloodletting, and alcoholic stimulants are both pointedly condemned by most of the reporters. One writer recommends the use of diluted sulphuric acid in the ordinary drink used, and another, quinine in combination with nux vomica,—for the purpose of controlling the diarrhœa, and calming the nervous system.

The oil of turpentine employed according to the recommendation of Prof. Wood, and Dr. Jackson (of Northumberland), gave general satisfaction.

In the treatment of *Intermittent Fever*, we find the following from Dr. Gemmill, (Report from Huntingdon Co.).

"For the last few seasons, I have chiefly relied on the chinoidine, which I have found fully as certain and prompt as the quinine in arresting the paroxysms, and being so much lower in price than the quinine, renders it a matter of importance in a community where ague so much prevails. In some cases, which could only be kept in check for a few days by the chinoidine, the quinine was used with no better effect. I make the chinoidine into pills with some bitter vegetable extract, each pill containing one grain of chinoidine, and of these I give two every two or three hours during the intermission, until from twelve to sixteen are taken, and on the 6th, 13th, and 20th days give eight or ten pills in the same way."

"*Inveterate Ague*, and such cases as have become complicated with diseases of the liver and spleen, &c., occur throughout the whole year. In such cases, Dr. Luden has found the following the most successful method of administering the quinine: He gives the same in connection with the iodide of iron, and so that, while the dose of the quinine is daily decreased, that of the iodide of iron is increased. He prescribes these two mixtures; ℞. S. quiniæ ℈ii—℥j; aquæ cinnam., syr. aurant. aa f ℥ii. M. No. 1. ℞. Liq. ferr. iod., aq. destill., t. aurant, aa f ℥ii. M. No. 2. The patient takes a tablespoonful of No. 1 twice the first day, and once every succeeding day, replenishing the vial after each dose from mixture No. 2, until the latter is all used, when he continues with the original mixture alone until it is done."

Our Pennsylvania brethren have paid much attention to the subject of the types of disease as influenced by geological formations. Their investigations, however, on this subject, are not yet complete. *Dysentery* seemed to prevail, as well, though perhaps not as generally, in sec-

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tions whose formation was of the slaty kind, as in limestone regions. On this point the report from Huntington Co. says—

"It remains to add, relative to *the influence which different formations of soil may exert* upon constitution and disease, that last years experience has not thrown any more light upon the subject; nothing positive can as yet be stated, and the result of inquiry have proved too contradictory. The hilliness of the country, the smallness of the valleys, and the short continuation of the same kind of soil, are obstacles which, as yet, have prevented us from arriving at any decided conclusions or important truths in that respect."

We hope our Pennsylvania friends will push the work of organizing County Societies vigorously. There are counties enough in the State for *two* grand medical organizations, one east and one west of the Alleghenies. In some of the counties, the number of qualified practitioners is, at present very small. This fact renders organization the more important. In conversation recently with a medical gentleman residing in one of the western counties of the State, he informed us that out of about *twenty* practising physicians in the county, but *four* are graduates in medicine!

The "*Medical Association of Southern Central New York*" is composed of nearly one hundred practitioners residing in the counties of Tompkins, Cortland, Chemung, Tioga, and Broome, N. Y., with a few individuals from adjoining counties in New York and Pennsylvania.

Their published *Transactions* which lie before us, evince a commendable spirit of harmony among the medical men of that vicinity, and a sincere desire on their part to advance the cause of medical science. They have chosen the most efficient way of doing this.

The *seventh* annual meeting was held at Ithaca, on the 1st and 2d of June last. A rather novel feature in their proceedings as published, consists in their almost exclusive devotion to *surgical* reports,—the report, and a paper on Hay asthma from Chemung Co., with an essay on diseases incident to California adventurers, being the only ones of a *medical* character in the book.

Dr. W. C. Wey of Elmira, mentions an obstinate case of *Hay-asthma* of many years standing, which yielded almost immediately to the following prescription—

℞ Acid. Hydrocyanic. gtt. xxx.
Mucillag. Acaciæ f. ℥ij.
Fifteen drops to be taken every two hours.

One item of Dr. J. S. Briggs' experience on the overland route to California, will serve to illustrate the "many inventions," which necessity

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often forces upon men. In the company to which he was attached there were several cases of fever of a typhoid character.

"Tne patients were conveyed on litters, which are constructed in the following manner: Two long flexible poles were attached at one end to each side of a pack saddle. The other ends were drawn on the ground. Two short poles were made to cross these, forming a frame to which the sacking is attached. The patient lay on this diagonally, with his head nearest the mule. The poles diverge so much at their lower extremities as not to be easily upset. As the poles are flexible, it forms a somewhat easy conveyance for the sick."

There is not much of interest in the surgical reports, and yet a few items demand a passing notice. In speaking of the diagnosis and treatment of fractures, Dr. Geo. Burr says, (Report from Broome Co.),

"Science, like law, needs a tribunal for the correction of errors, and in our profession, he who corrects his own, and improves from the mistakes of others, contributes materially to his stock of practical knowledge, and enlarges his capacity for the successful practice of his profession. In the absence of a legally constituted tribunal as a final adjudicator of controverted questions in medicine or surgery, each member of the profession must, for himself, by a *truthful* and frank examination of his own and others' cases, and by a candid and free interchange of views and practices with his professional associates, correct the errors which he may have embraced, or the mistaken practices he may have followed."

Regarding the amount of attention devoted by Surgeons to cases of fracture, Dr. B. has the following.

"A popular opinion is somewhat prevalent, that when a broken bone is once 'set,' it is all that is necessary on the part of the surgeon. This opinion perhaps, many times affects the conduct of the surgeon in the amount of his attentions to the case. It is always unpleasant to attend where your visits are considered superfluous, and still more so, when you present a reasonable bill for your services, to have its amount demurred to and disputed, on the ground that you came too often, or that you ought to have 'set' the bone the first time, which was all that was necessary.

"These matters are, however, much less unpleasant than deformed limbs, or suits at law for mal-practice; and the surgeon must discharge his whole duty, if he undertakes to do it at all."

Dr. Nelson Nivison (Report from Tompkins Co.), details two cases of fracture of the cervix femoris within the capsule. The patients were both females, one eighty, and the other, sixty-six years of age.

"In order to produce and maintain the necessary extension, and at the same time avoid the annoyance and irritation that any sort of fixed apparatus would necessarily produce, I had constructed a moveable double-inclined plane, the upper plane of which corresponded exactly in length to the distance between the popliteal space and the tuberosity of the ischium of the *sound side*. This apparatus being covered with a soft pillow, and properly arranged upon the bed, the patient was placed upon it, but in no way fastened to it, except that several pins were arranged along each side of the apparatus, in such a manner as to prevent any considerable lateral movement of the limb. When properly arranged, it was found that the weight of the limb below the knee was quite sufficient to make the necessary extension, while counter-extension

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was equally well secured by the upper end of the apparatus resting against the tuberosity of the ischium. Both patients expressed themselves *relieved* soon after being placed upon it. They could sit up in the bed erect, or at any angle, or lie completely down at pleasure, and experienced no pain from the movements. Whereas, before its application, almost any motion was attended with pain in the seat of the fracture. This exemption from pain was no doubt owing to the reasons stated above, that the rough fragment of bone was drawn out of contact with the sensitive tissues that before had been irritated by it."

The result, in both cases, was as perfect a cure as could be expected under the circumstances.

Dr. F. Hyde of Cortlandville (Report from Cortland Co.), has the following on the subject of fractures of the fore-arm.

"I have found, that by particular attention to one rule, more certainty of good results may be expected, and the patients saved no inconsiderable amount of discomfort, to wit: Before applying the two broad splints, so adjust the graduated compresses used for the purpose of keeping apart the two bones, as that they shall not exert the same amount of pressure upon the lower part of the arm that they do on on the upper, for, if they do press equally on the pronator quadratus muscle, which is running transversely to the bones, the very important principle which we are professing to carry out by this modification of the dressing, is more than contradicted. If we reflect as we apply our dressing, that the broad muscle of which we have spoken, takes hold of the whole lower fifth of the ulna, and a fourth of the radius, ordinarily we cannot but see the importance, when our compresses are applied, of not allowing them to extend down so far as to allow them to press directly upon this muscle.

"It is the conviction of the writer, that a rigid observance of this precaution in the treatment of all fractures of the fore-arm, whether near the carpus or not, would not only ensure a more perfect form of the arm, but would prevent so long a disease of the parts about the wrist, as follows the application and continued pressure on the whole length of the member, and most assuredly it would confer more comfort upon the patient during the continuance of the dressings."

We should judge from the large number of tonsils reported as having been removed, that in that section of country there is a perfect mania for this species of surgery. The report from Cortland Co. by Dr. C. Green of Homer, winds up with the following inferences on the subject of removal of the tonsils, drawn from a pretty extended experience.

"1. That, among the indications for the excision of enlarged tonsils, are the tendency to frequent attacks of tonsillitis and pharyngitis; the fear of croup in certain cases; the difficult and exhausting respiration during sleep in young children.

2. That amputation of the tonsil is vastly preferable to the attempt to reduce the hypetrophy by medicinal treatment.

3. That re-growth of the tonsil rarely if ever occurs, and that this occurrence is apparent rather than real, and is often caused by a lobed form of the tonsil.

4. That the main contra-indications for the amputation, other things being equal, are, an inflamed condition of the tonsil, and the hemorrhagic diathesis.

5. That in hemorrhage after excision, pounded ice, worn in a neck-cloth, applied to the throat, is the remedy.

6. That the results of amputation are gratifying.

7. That this operation is not resorted to with sufficient frequency."

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TYPES OF MANKIND: OR ETHNOLOGICAL RESEARCHES, *based upon the Ancient Monuments, Paintings, Sculptures, and Crania of Races, and upon their Natural, Geographical, Philological, and Biblical History, illustrated by selections from the inedited papers of* S. G. MORTON, M. D., &c., *and by additional contributions from Prof.* L. AGASSIS, LL. D., W. USHER, M. D., and Prof. H. S. PATTERSON, M. D. By J. C. NOTT, M. D., and GEORGE R. GLIDDON. Philadelphia: Lippincott, Grambo & Co., 1854. (Royal octavo, pp. lvii. and 738.)

IN all cases of scientific progress and reform, it unfortunately too often happens that the ground has to be cleared of the errors by which it was originally pre-occupied; and that this cannot be done without some heat and excitement. Thus, in all advances in religious truth, the iconoclast must preeede the constructive reformer, and with strong arm and Thor-hammer smite the images of the people to pieces, before they can be divorced from their old superstitions. To attack prejudices hoary with age, and venerable for generations,—to assail ruthlessly the opinions which have been inculcated into all our minds upon our mother's knee, is a hard task, and generally a thankless one. Always somebody has to do it, however, and, in most cases, to suffer for it, that his successors may have an opportunity to push onward in the march of science. Just so, in the assault of a city; many must perish and fall in the ditch, before it is filled, and the army can pass over into the breach and to victory. We make these remarks, because we have here such a case of Iconoclasm. The authors have aimed to demolish at one blow, doctrines which have been regarded as settled, beyond possibility of cavil, by the whole christian world, and which have been doubted by scientific men, only of late years. The idea of the original unity of the human family, and its descent from a single pair is so interwoven with our entire education, and enters so completely into all our modes of thought and feeling, that any assault upon it seems revolutionary in the extreme. We have been taught, moreover, to regard it as an essential article in our religious faith, and as clearly taught in the Bible. Yet here it is boldly and unhesitatingly denied, and alleged to be not even necessarily implied in the Scriptures, while it is palpably contradicted by the plainest facts of Nature. These assertions are not made blindly and rashly, but are advanced with copious arguments in their support, by cautious and learned men, who write with the earnestness of deep conviction. That they represent the opinion now prevalent among scientific men, has been known for some time. To those who have cultivated natural science, their developments will therefore, not be so startling. But upon the public they will come with the suddenness of a thunder-clap. Messrs. Nott and Gliddon have assumed the function of Iconoclasts, and may have to share their fate. Their Book will create a great excitement, and they will be unmercifully assailed in various quarters. No men could probably be found in our community, better prepared for such a fight, and judging from the tone of this book, they will have rather a liking for it.

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We cannot attempt, of course, to give an analysis of this superb volume of 790 large royal 8vo pages, a large proportion of which is printed, for further condensation, in small type. The reader will find here a very full account of the geographical distribution of races, with their main peculiarities of anatomical structure, color, hair, &c. The Craniological department of the subject is very thoroughly examined. Many very curious facts are brought out, concerning the remains of early races, now perhaps extinct. One of the most singular, is the evidence given of the existence of at least two races in Northern Europe, prior to the Celts and Germans, whom the Romans found there. The chapter on Palæontology is by Dr. Usher, of Mobile, who insists upon the fact that human bones have been found fossilized. In discussing the evidence of the permanence of types afforded by Archæology, the peculiar learning of Mr. Gliddon comes into play. They show, that at a period as remote as that generally assigned to Abraham, their existed in the valley of the Nile precisely the same races and tribes that are found there now. The Scriptural aspect of the question is also discussed by the learned pen of Mr. G.

The contribution of Prof. Agassis is particularly interesting, because it is an effort to construct a positive Ethnology in place of the exploded hypothesis. It is the view that would naturally suggest itself to a Zoologist, and consists in classifying the Fauna of various regions, (man included), according to their respective analogies. Thus, Australia is very peculiar in its type of animal forms, and its peculiar type of man will be found commensurate in extent with those forms. In like manner, the Arctic region has its distinctive Fauna, always found in connection with its distinctive human type. This idea is illustrated by a beautiful lithographic chart. It is not fully developed in the present work, but if the author can carry it out satisfactorily, he will have the honor of inaugurating a positive Ethnological science.

The contribution of Prof. Patterson, is a memoir of the late Samuel George Morton, to whose venerated memory the whole book is intended to be a monument. Dr. P. has performed this task evidently with a full heart, and has done justice to his illustrious subject. We rejoice that the Life of Morton has thus been adequately written. We confess that we felt much provoked, when, in a previous publication of the kind, we saw the affair of Dr. Backman and the Hybridity controversy evaded with a sort of apology as an unpleasant matter. Dr. Morton was very illy treated in that whole business, and he defended himself and his position with a boldness, calmness, and dignity that may forever serve as a model to men of science under like provocation. We are thankful to Dr. P., for having put this affair in its true light.

THE PRESERVATION OF HEALTH *with remarks on Constipation, old age, use of Alcohol in the Preparation of Medicines.* By JOHN C. WARREN, M. D., &c. Boston: Ticknor, Reed, & Fields, 1854. (12 mo. pp. 140).

THIS is an unpretending little book, but its merits are not to be mea-

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sured by its size, or its modest appearance. Although of limited dimensions, it is as full of practical suggestions, to use a homely comparison, "as an egg is full of meat." Some of the articles contained, have been given to the public before. We remember his remarks concerning habitual costiveness, and the use of cracked wheat as a diet in said affection, with great thankfulness, for they have proved of much value to us in practice. The observations on the medicinal use of alcohol, deserve the profound attention of all practitioners. Our conviction is, that Alcohol is even yet too much used as a menstruum. The tonic tinctures, we would be better without, entirely. Neither is there any necessity for the laxative tinctures, once so much used. We see no great objection to the use of an alcoholic menstruum, where the dose is measured by drops; but we would hesitate to give any tincture in repeated doses of ℥ss. It has been our rule for years, to use no medicine in this form, the dose of which is greater than a f ʒj. There can be no doubt, that infinite mischief has been done by the medical prescription of tinctures. The formerly prevalent delusion, that the habitual use of a bitter tincture would prevent ague, has sent its thousands to the drunkard's grave. Let us be no longer responsible, for such deplorable results. The counsel of Dr. Warren on this subject, is sound and practical, as it is on all others, and we therefore, cheerfully recommend his excellent little book to our readers.

ON RHEUMATISM, RHEUMATIC GOUT, AND SCIATICA; *their Pathology, Symptoms, and Treatment.* By HENRY W. FULLER, M. D., &c. New York: S. S. and W. Wood, 1854. (8vo. pp. 322.)

To one who feels always, by day and night, the heavy sense of responsibility that weighs like a leaden load, upon the heart and brain of the conscientious practitioner of medicine, it is an inconceivable pleasure to find himself in possession of a book which will strengthen his hands and give to his curative processes a new extent and power. Such, we venture to prophecy, will be the sensation of many in the perusal of this work upon a most intricate and confused subject. No other section of practical medicine presents, at first sight, the same entangled mass of confusions and apparent contradictions, as that which treats of rheumatism, all arising as we believe, from the loose inaccurate use of terms. In fact, medical men employ the word rheumatism so vaguely, that we always decline discussing it with one, until he submits his definition, and we can know exactly what he is talking about. It may be a case of pure neuralgia, or chronic inflammation of the fibrous tissue, from cold; or syphilitic periostitis, or the *blood disease*, which is rheumatism proper; or gout, which is its congener. Dr. Fuller, however, is rigid in his definition and clear in his views. His work is full, without redundance, and learned, without pedantry. The following brief extract will serve as a specimen of his style as well as of the general scope of his opinion.

"Thus it would appear that cold and other external agencies are only predisposing and exciting causes of rheumatism, and that the primary,

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proximate, or essential cause of the disease, is the presence of a morbid matter in the blood, generated in the system, as the product of a peculiar form of mal-assimilation—of vicious metamorphic action. This poison it is which excites the fever, and produces all the pains and local inflammations which are often found associated in an attack of rheumatism. If the rheumatic virus be present in small quantity only, it may cause little more than wandering pains in the limbs, and may scarcely induce any perceptible force, whilst if it exist in larger quantities, it rarely fails to cause febrile disturbance, and to excite inflammation in various parts of the body. In that respect, however, the effects are found to vary in different cases. Sometimes, though it cause great febrile excitement, its local agency may be confined to the production of external articular inflammation; at others, it may fail to produce arthritis, but may give rise to acute inflammation of the heart; and at others, again, carditis may be one only, out of several internal inflammations, which it sets up coincidently with extensive articular mischief. Moreover, there appear good grounds for believing that, as in some cases, it gives rise to excessive febrile disturbance for days prior to the accession of articular inflammation, and repeatedly, without exciting inflammation of the heart; so, in certain instances, it may excite the peculiar train of symptoms whereby rheumatic *fever* is characterized; without producing, from first to last, the slightest concurrent local inflammation, whether of the joints or of the heart, or any other organ." (p. 37.)

Dr. F. also treats very fully and ably the important topic of the connexion between rheumatism and heart disease. This portion we cannot too cordially commend to the careful perusal and study of our readers. We are satisfied that a more thorough knowledge of this subject, and a more general attention to the first insidious approaches of cardiac disease, would save many a valuable life.

ELEMENTS OF HUMAN ANATOMY; *General, Descriptive, and Practical.* By T. G. RICHARDSON, M. D., &c. Philadelphia: Lippincott, Grambo & Co., 1854. (8 vo. pp. 734.)

"ANOTHER text-book? Is there no end to them?" was our first exclamation, on taking up this volume; but, on looking into it, we began to perceive that the author did not write altogether without warrant. Our turning over of the leaves soon became a deliberate reading, for the style is simple, clear and unaffected, and we rose from our task with the conviction, that Dr. R. is fully justified in offering his book to students of medicine, as a reliable and sufficient guide in acquiring a knowledge of the difficult branch he teaches. He has endeavored—and successfully, we think—to discuss adequately in one treatise, General, Descriptive and Practical Anatomy, so that the one volume will suffice. We are not disposed to contrast it with other text-books on the same branch. "Comparisons are odious," under most circumstances, and we avoid them as far as possible. Dr. R's. book is superior to some that are sanctioned by our Schools of Anatomy, and inferior in some respects to others. As we

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have already said, it is an amply-sufficient text-book, and the preceptor may confidently place it in the hands of his pupil as such. Its size and form are attractive, and it is got up in the very first style of mechanical execution. The wood cuts are numerous and elegant, and serve admirably to illustrate the text.

A PRACTICAL TREATISE ON INFLAMMATION OF THE UTERUS, *its Cervix and appendages, and on its connection with Uterine Disease.* By JAMES HENRY BENNET, M. D. *Fourth American, from the third and revised London edition.* Philadelphia: Blanchard and Lea, (8vo. pp. 430.)

THIS book has been before the public long enough for the majority of practitioners to have made up their minds concerning it. Its popularity is attested by the fact, that it is in constant demand, and has already reached a fourth edition. Dr. B. is recognized as their great champion by the advocates of certain novel views in uterine pathology and treatment, concerning which there has been much animated discussion and not a little acrimonious controversy, that we should be very sorry to be engaged in. He writes like a man who is thoroughly convinced himself, and is earnestly resolved that he will convince his readers. This feeling gives a spice of vehemence to his style, which renders it more pleasant reading than most mere dry pathological treatises.

LECTURES ON THE DISEASES OF INFANCY AND CHILDHOOD. By CHARLES WEST, M. D., &c. Philadelphia: Blanchard and Lea, 1854. (8vo. pp. 486.)

THIS able and instructive work, was first given to the profession in our country through the medical Library of Lea & Blanchard. We noticed it at the time of its appearance, and have only to add now, that the more familiar we have become with it, the higher has it risen in our estimation. The speedy demand for a second edition, shows how well it has been received by the profession. The practitioner will find in its pages a remarkably lucid account of the peculiar diseases of infancy, with clear and sound practical directions for their treatment. It is one of the books that a man instinctively turns to when harassed with the cares and responsibilities of practice, knowing that he will find there aid and strength for his daily work.

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EDITORIAL.

OLD PHYSIC, AND YOUNG PHARMACY.

A FEW WORDS WITH THE APOTHECARY.

THE noise and show of quackery, in these days of patent Elixers and Cure-alls, seem to have ensnared our friends of the mortar—and we have a few words for them. We hope they will take our counsel kindly, for though our prescription may be difficult to compound, and still more difficult to take, we feel assured that it is a good one. We do not pretend to assert that physicians themselves, are just what they ought to be; but still we believe, they generally observe a proper etiquette towards their brethren of Pharmacy. Let us examine our mutual relation for a few moments.

Apothecaries want to sell quack medicines. Doctors say it is a breach of fidelity, and an injury to society. Early in the history of medicine in this country, the Doctor's shop was the great central point, where medicine was prescribed, and procured. It was not the fashion then, to write prescriptions, but to prepare the medicine, and administer it to the patient; but as the sun broke out from its early dawn, and began to rise higher and higher, shedding light upon the advancing world of mind, the doctor began to think that there were two reasons, why he should *confer* upon others the office of preparing medicine, and the advantages, resulting from it. Chemistry whispered to him, in his musings, that she had been silently busy in the bowels of the earth, and in the waters of the great deep, and had discovered some wonderful things. He gave assent, and bid her bring them out. She had a strong brother,—Pharmacy by name, who came to his other ear, and whispered strange and very doubtful truths, about extracts, confections, and various novelties, before untold, and unknown. To this, Old Physic gave his nod of assent, "evacuated the principalities" demanded of him, in a far more amiable mood than is exhibited by the Czar of Russia, and yielded the territory to the young conqueror quietly, both agreeing to aid each other, in the great work of healing. In good faith, both go on. Year rolls up against year; and as the steep of time becomes more and more rugged, they yet hold together, and in mature, vigorous manhood, are accomplishing

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more—far more, than they could have anticipated, when the *intervening* quack, without a crown of royalty to deck his brow, or a star of republicanism to enlighten his path, but with the iron step of a haughty usurper, comes in to sever the bond, that had united the old man, with his adopted child. Now, what is the issue. The child, fired with the spirit of "Young America"—instead of holding on in good faith, to good old custom, attaches himself to the train of the usurper, and begins to shout with the multitude, that follow on in his dusty train. Quack medicines must be sold, and I will sell them. They must be sold, because they will be bought, and I will have the buyers. This is the logic—it is the logic of the day—and Young Pharmacy dresses himself up in gold, and glitter, shows himself at the corners of the streets, in significant characters, his pockets, "drawers" and all, stored with the spoils of the aggressor, and offers them to the passing crowd.

He has left his first estate. He has become a caterer to a morbid moral taste,—a taste for the unreal. He must live,—this is the reason. He is not the author of the morbid desire for quackery. But, to accommodate the public, he will supply the demand created by it, as the jeweller supplies useless trifles, and trinkets, which are equally the creatures of an idle and corrupt taste. But where is Old Physic now? He is still in the line of his duty. He has kept to his contract. He does not sell even the medicine he has prescribed. Not because he cannot, but because he has said, *bona fide*, he would not. He sends his prescription to the apothecary, who furnishes the medicine "carefully compounded," and neatly put up, for a consideration. All right. Is there no reciprocal consideration, due the physician under these circumstances? Young Pharmacy opines not, if its return is in any way to interfere with money getting, not bearing in mind, that the physician has forfeited all claim to this end, by refusing to dispense the medicine himself. Pharmacy is the child of Physic. It is so in a two-fold sense. First by age, and second, by patronage. The business of prescribing belongs to the Parent, that of compounding, to the child.

A physician is in attendance upon a patient. He does not recover as rapidly as either party could desire. But such is the nature of the case. Perhaps it is phthisis, from which he cannot recover. He wants to try Jayne's, or Swaim's, or somebody's expectorant. The doctor objects. The patient sends to the apothecary to know what is good for consumption. He is shown a bottle, on which is labelled, what the manufacturer, and vender, and consumer, all know to be a falsity—an infallible

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cure for an incurable malady. A dollar pays for it, and it is purchased. The patient is wronged out of his dollar, and the apothecary keeps his share, while the judgment of the physician is set at defiance. But all is forgotten when the poor sufferer dies, except the maxim, which it behooves all to remember—that the way of trade is, in many instances, the way of death. This is one difficulty. Here is another. Undue confidence is imparted to the manufacturer of quack medicine. Those who sell, indirectly sanction the whole system of quackery, and sustain a *patented* pharmacy, in opposition to their own recognized system. The physician is responsible for his prescription, it being certified by signature, and date. If it does harm, he is accountable. The apothecary, by selling a secret medicine, promising to cure, shares in the responsibility, if a cure is not effected.

Take for example, "worm medicine." It is a curious fact, that if a child is a little unwell, the careful mother, and knowing nurse, almost invariably diagnosticate worms. It picks its nose, loses its appetite perhaps; and a variety of other symptoms present themselves, till, (it being a simple case, not requiring the advice of a physician), the apothecary is consulted, and Hobensack, or Fahnestock, or some other representative of the school of patented pharmacy, is offered in the form of a vermifuge, which will eject the worms if there are any, either whole or in pieces, and if not, protect the system against them. The medicine is purchased, and administered. The bowels are actively purged, and violent disease is induced. Who is responsible? We will not answer. This is no picture. It is a *living fact.* We know that a large number of cases of sickness in children, to which the physician is called, particularly in the country, unless it be some sudden illness, have been previously treated by the family for worms; and we are satisfied from no very limited experience, that these "worm medicines," compounded by the covetous, patented by the ignorant, sold with promises, and used by the over-credulous, are often the cause of serious mischief. Such mischief, under the treatment of a physician, would subject him to a charge of mal-practice. But as it is done, by a counterfeit, with the noise of "sounding brass, and tinkling cymbal," the perpetrator escapes unwhipt of justice.

We know right well, that should the profession of medicine return to the "doctor shop" of olden time, our pharmaceutical brethren would feel like bringing their cantharides to bite at our wandering feet, and perhaps with justice. May we not say to them, that they perhaps need a gentle sedative, a cooling draught;—mixed it may be, with a moderate aperi-

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ent, to carry off unwholesome deposits, that have already defiled the *body social!*

Take our prescription, and we think it will do you good. Your science is a noble one—and it is distinct. But so far as practical pharmacodynamic is concerned, leave it in the hands of the physician, and he will do you all the honor you may claim at his hands.

PRIVATE PRACTICAL INSTRUCTION.

Now that the winter courses of lectures are over, and the professors are resting temporarily from their arduous labors, and the majority of students have returned to their homes, the real wants of the claimants for the doctorate, may be better known, and understood, by an inquiry into the causes, that induce so large a number of diligent students to continue in the city during the summer months. A few moments may be profitably spent in pursuing this subject. The vast resources of our profession, and its collaterals, afford a wide field for the enterprising and industrious student; as do the wonderful openings of new, and productive territories, the uprising of young cities, and the rapid increase of population, offer facilities for success, and renown. If the latter may be gained, the former must be studied, and used. This is doubtless the motive power, that impels the student of medicine to unwearied effort in all branches of the profession. By the present arrangement of our Colleges, it is impossible to embrace, in the few months devoted to lectures, all the branches necessary to be taught, and while we would not complain of the shortness of the lecture terms, believing, that in some instances, they are quite long enough for both professor and pupils, we are glad to know, that the branches not taught in the Schools, are pursued during the summer; thus affording an opportunity for improvement, perhaps far better, than could be obtained from a College course, when we consider how the lectures are of necessity multiplied, and the time of the pupil for private study, crowded into the night. We refer to the following branches:—*Pharmacy*, as an adjuvant to Materia Medica, is essential to the country practitioner, especially, and yet he cannot study it as a science, much less obtain a practical knowledge of it, in the College course of instruction. It could be taught perhaps, but in this day of telegraphic dispatch, *first course* students especially, hurried as they are with zeal, have not the *time to* spend. They come to attend to the *great principles* of medicine, and not these *minor* matters; and they have no disposition to see the regular

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course of instruction interrupted by attention to them. This must be left to the listeners, who alone, are willing to scale the mount, by steady, and persevering effort. So with the important lessons to be learned by practical instruction in Auscultation, and Percussion. If a graduating class was to consume the *valuable* time of the freshmen in the ranks, by gaining experimental knowledge under the direction of the professor, in the lecture room, or hospital ward, the moral sense of the multitude would be offended, and the murmur of dissatisfaction heard through their ranks. The same may be said of all other branches of practical instruction, necessarily and properly excluded from the public lecture room. We will enumerate some of them.

Practical Bandaging, cannot be learned, by listening to a didactic discourse about it, or seeing it practiced, though its principles may be plainly elucidated. The theory, wrapped up in a man's brain, will not retain a fractured bone in situ, or restore a solution of continuity, any where. Manual exercise and experience are required, to remove fear, and embarrassment, from the young surgeon, in his early operations; hence he needs *practice*, to ensure him confidence, and certain success. *Surgical Anatomy*, and surgical operations, are, to a certain extent, presented during the regular course; but there cannot be that dexterity, and particularity imparted, that may be gained by special practical instruction. *Midwifery* is another branch, perhaps, in importance excelling all others, with reference to manual experience, and yet, neglected of necessity, in connection with collegiate instruction.

Having made these suggestions, by way of calling attention to the deficiency in medical instruction, a deficiency which many have been compelled to feel, but which is now more amply compensated for, than at any former period, it gives us pleasure to state, that a goodly number of young men, are continuing in our cities, pursuing these several branches, under the direction of gentlemen, who are conferring upon the public, through their small, but attentive private classes, an amount of benefit, that cannot be estimated. Their labors are modest, and perhaps not sufficiently appreciated, but they are bringing out the material that has been manufactured at the Colleges, and putting it to work. They are adding experience, to knowledge, while the pupil, armed with both, is enabled to go forth to his field of duty, prepared to endure its conflicts.

☞ *Bullock and Crenshaw's priced Catalogue*, which is bound up with the present number of the REPORTER, our readers will find very useful for reference. It may be separated and preserved, when the work is bound.

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"BLACK LISTS."

It will be seen by the following resolutions of the Medical Society of the city of Reading, and the county of Berks, that they have taken very efficient action in regard to that numerous class of persons who patronize physicians without making them any just remuneration for their time and labor. If medical men connected with all our organizations would act *unitedly* in this matter, our profession would receive just remuneration for their services, and, at the same time, roll the burden of non-paying patients upon the shoulders of outsiders. And yet we can assure the public, that the physician is ever ready to respond, night or day, to calls for his services without remuneration, where *poverty* is a *true plea*. Of the poor, it has been truly said, there are three classes—"The Lord's poor, the devil's poor, and poor devils!" We need not explain the difference between them, as it is very evident. The first will always be attended gratuitously, and unremittingly, by the true physician. The Lord is *their* paymaster. The second must and will be attended; perhaps not so cheerfully as the first, as the evil one is often *their* paymaster. And as to the last, who have no paymaster, we presume the physician is justified in getting out of them what he can!

READING, *April* 21*st*, 1854.

Dr. S. W. BUTLER — *Dear Sir*:— By a resolution of the "Medical Society of the City of Reading and County of Berks," in the state of Pennsylvania, the undersigned was directed to forward to you, with a request for their publication in the REPORTER, the subjoined resolutions which were unanimously adopted at a stated meeting of the Society, held April 5th, 1854:

Resolved, That the members of this Society communicate the names of patients who are upon their black list, and who remove without having them erased by making payment, to the Corresponding Secretary of this Society, along with an accurate designation of the place to which such persons have removed.

Resolved, That the Corresponding Secretary of this Society shall transmit the names of such delinquents to the Corresponding Secretary of the Society into whose circuit such removal shall have been made, and request said Society to make similar returns.

Yours respectfully,

MARTIN LUTHER,

Rec. Sec. of the Med. Soc. of the City of Reading and Co. of Berks.

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☞ We are happy to see, by the following Circular of the Standing Committee of the Medical Society of New Jersey, that they have entered upon their labors with zeal, and a determination to accomplish something. We hope they will receive the hearty coöperation of the district reporters, and the profession generally.

CIRCULAR OF STANDING COMMITTEE OF THE MED. SOC. OF N. J.

It is a principal purpose in the appointment of a standing committee by the Medical Society of New Jersey, to have brought into one general view, at regularly returning periods, the results derived from observation and experience throughout the State. Among other duties, the committee are required to report, at each anniversary meeting, concerning "the general state of health of the citizens of New Jersey during the preceding year, the causes, nature, and cure of epidemics (if any have prevailed) in any part of the State, curious medical facts, discoveries, and remarkable cases that may have come to their knowledge."

It is obvious, that for the proper discharge of this duty, the aid and coöperation of district reporters will be quite indispensable; and this the more so, as, according to the present plan of appointment, all the members of the committee are taken from one and the same vicinity. The necessity in question would appear to be met by the provision of the Society, that each of the district societies shall appoint a reporter, who shall be required to furnish the standing committee, at stated periods, with all the information that may present, upon the subjects before mentioned. But, from some cause, or causes, the provision thus made has failed to produce the expected effect. The committee have repeatedly had to report, that but few of the districts had been heard from, and in consequence, instead of the full and comprehensive view which was contemplated, and required, by the Society, an imperfect one only, could possibly be furnished.

It is supposed, that the failure just noticed may generally be owing, not so much to a lack of regard to the interests of the profession, or the requirements of the Society, as to a want of seasonable care in collecting the needed material; that the duty which each one designs to perform, and desires to perform in the best manner, is frequently found impracticable when the period for it arrives. But, whatever may be the reason, it is certain, that the failure is so frequent, and so general, as to be a source of serious embarrassment; and, to guard against it in future, so far as they may, the present committee have deemed it proper to issue to the reporters this early appeal.

The medical reputation of New Jersey must not be suffered to fail. The facility of correspondence throughout the State, its advantages in an easy intercourse with the principal seats of medical literature, and the actual character of the profession within its limits, give ground for a demand for high contributions to medical science. To answer such a demand, the plan of the Society, calling for regular and full reports from every portion of the State, has been well devised; and nothing seems

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wanting but timely and earnest attention, on the part of each one, to the duty that may have devolved upon him.

ISAAC S. MULFORD,
B. HENDRY,
RICH'D M. COOPER, } *Standing Committee.*

CAMDEN, N. J., *April 5th*, 1854.

CALL FOR A SPECIAL MEETING OF THE MED. SOCIETY OF N. JERSEY.

JUST as our last forms are going to press, we are in receipt of the Proceedings of the District Medical Society for the County of Mercer, from which we quote the following.

"A resolution was passed, recommending the Medical Society of New Jersey to hold a special meeting in May or June next. The Society considered the amount of unfinished business, and alterations in the medical laws of the State, made during the last session of the Legislature without the knowledge of the State Society, of sufficient importance to require a meeting."

We would commend the recommendation of the Mercer Society, to the attention of our readers. There was something said at the annual meeting of the State Society in regard to the propriety of a special meeting, and it met with no serious opposition. If a special meeting is called we hope the objects will be fully set forth in the call.

Delegates to the last meeting, would still hold office according to the by-laws, unless new ones have been appointed since that time.

Section 5th of the by-laws reads as follows—

"The President, or, in case of his absence or inability, the first, second, or third Vice President, in numerical order, is authorized to call special meetings, when applied to by any four of the members, two of whom shall be members of different District Societies, and cause notice thereof to be given by the Secretary at least twenty days previous to the meeting, and published in five of the newspapers of this State."

AMERICAN MEDICAL ASSOCIATION.

THIS body meets at St. Louis on the second of this month. The pleasantness of the season, and the prevalence of general health, as well as interest in the proceedings, will combine to make the meeting a large and interesting one. We have made arrangements for a special report of the proceedings, which will undoubtedly reach us in season for the June number.

☞ We are reluctantly compelled once more to postpone the publication of the promised portrait of Dr. Stevens, and with it the fourth of

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the series of articles on the American Medical Association. The whole is ready, and will appear in the June number. There are good and sufficient reasons for the delay, which would satisfy our readers, could we detail them.

EDITOR'S TABLE.

The People's Gazette. This publication, which was started as a "People's *Medical* Gazette" has, we perceive, become a monthly "*Medical, Scientific and Literary Magazine,*" and is still edited by its originator, Dr. John Davis. Physicians are very apt, when they forsake their legitimate calling and dabble in general literature, to have their mental vision blinded by interest, and cater for popularity by abusing their profession; for singularly enough, there is scarcely anything that is enjoyed more by the public, than a joke however stale it may be, at the expense of the medical profession. We trust Dr. Davis will guard against this propensity. He may, in his present position be able to serve the cause of medicine, and *therefore* the cause of humanity, and we hope he will embrace every opportunity of doing so. We wish him success.

The *Gazette* is published by T. Moore Knox, at Abbeville, S. C. Terms—one dollar per annum.

On the subject of Priority in the Medication of the Larynx and Trachea, by Horace Green, M. D. (Republished from the American Medical Monthly for April.) Solomon, who "spake of trees, from the cedar tree that is in Lebanon, even unto the hyssop that springeth out of the wall:" who "spake also of beasts, and of fowl, and of creeping things, and of fishes"—and who "spake three thousand proverbs, and his songs were a thousand and five," has left on record this remarkable saying: "There is no new thing under the sun. Is there anything, whereof it may be said, 'See, this is new?' it hath been already of old time, which was before us."

We do not remember to have seen in Abbott's Egyptian Collection in New York, anything like Dr. Green's tongue spatula and probang for introduction into the larynx. Dr. Abbott, in his Egyptian researches, surely forgot to look for those instruments. We recommend the New York Academy of Medicine to send their "*ancien secretaire,*" Dr. John G. Adams, on a pilgrimage to see if he cannot discover something of the kind! No doubt he would succeed, as he seems to be very anxious to deprive a countryman of the credit of introducing a mode of medication, which experience has shown to be beneficial to mankind. We are not deeply versed in the natural history of the "New York Cliques," and know not to which the two men named above belong, or how Dr. G's. paper is received by the profession of that city; but we think he has established his claim to priority beyond a cavil, and hope Dr. Adams, "*ancien secretaire,*" &c., will turn his attention to something else than claiming for foreigners, what justly belongs to our own physicians. We have little doubt from what we have heard, that Dr. Green has abused his specialty—and thrust his probang into throats, when he might as well have thrust it into any other opening of the body, to reach the disease of the patient: yet there is no doubt but his peculiar mode of applying nitrate of silver to the larynx, is often useful and proper. We presume much of the opposition to Dr. Green's claim, arises from the abuse spoken of. *We* hope we shall never discover anything—we would gain nothing by it but trouble and vexation, while mankind would lose nothing, as it would soon be proved that we had been anticipated in it by others.

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Annals of Science; being a record of Inventions and Improvements in applied science—including the Transactions of the Cleaveland Academy of Natural Sciences. Conducted by HAMILTON L. SMITH, A. M., Cleaveland, Ohio: monthly; twenty-eight large pages —*one dollar* a year. We heartily commend this excellent publication to our scientific readers. A work whose objects and aims are so good, should receive a hearty support from the medical profession. The following table of contents of the April number, will show the character of the publication. Structure of the Liver—Artificial propagation of Salmon—Manufacture of Iron for Ship-building—Sulph. of Lime in Agriculture—on amorphous phosphorous—on the mixture of homogeneous colors—on deep sea-soundings—Arctic discovery—Natural printing process—Standard of Length and weight—examination of deep sea soundings—Photographic delineation of microscopic objects—Angle of aperture in Microscopes—Proceedings of the Cleaveland Academy—on the Vanessa furcillata of Say—New fish, Alburnus acutas, Lep.—The ocean, its origin and phenomena—Dark ring of Saturn—Mosses in the vicinity of Cleaveland—On the physiological effects of Coffee—New metal, Aluminum—Chemistry of Photography—The Polar regions—Arctic regions—New Planet—Photographic printing—New Comet.

☞ The March number has not come to hand. Please forward.

History of the Epidemic Yellow Fever at New Orleans in 1853: By E. D. FENNER, M. D., &c., &c., New York, Hall, Clayton & Co., 46 Pine street.

This is a valuable publication. Histories of epidemics are medical histories of the times. We propose as soon as we can, to avail ourselves of this work in giving our readers an outline of the history of the terrible scourge which visited our southern borders the past year.

MISCELLANY.

THE ship *Tonawanda* recently arrived at Philadelphia, from Liverpool, having lost about fifty passengers out of nearly 700, by the Cholera. The disease broke out after the vessel had been at sea a few days, *and ceased entirely on approaching some Icebergs which were encountered on the passage.*

A free colored woman recently died at the City Hospital in Mobile, aged 146 years! Within a few days *three* colored people have died in this city, (Burlington, N. J.,) at the age of between 95 and 100.

The Geneva Medical College having been reorganized, will commence its first session of sixteen weeks, on the 4th of Oct. next. The Faculty consists of JAMES HADLEY, M. D., and JAMES WEBSTER, M. D. Emeritus Professors. WILLIAM SWEETZER, M. D., Institutes and Practice of Medicine, THOS. RUSH SPENCER, M. D., Mat. Medica, and Gen. Pathology, JOEL E. HAWLEY, M. D., Principles and Practice of Surgery. CHAS. AP. A. BOWEN, M. D. Anatomy and Physiology, JOHN FOWLER, A. M., Chemistry and Pharmacy, and FREDERIC HYDE, M. D., Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.

The bill appropriating $100,000 to the discoverer of Anæsthesia, passed the United States Senate, on Wednesday, April 19th. To the claimants named in our March number we have now to add the late Dr. Samuel Guthrie, who, it is claimed, made the discovery in 1831, and Dr. Dickson.

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NECROLOGICAL RECORD.

DIED, in Fairham, Mass., March 5th, DR. JOHN V. MILLER. Dr. M's. death was caused by a dissecting wound. He had just completed the course of lectures in Boston.

—— In Brooklyn, suddenly, March 9th, DR. PATRICK H. MORRIS, an Alderman of the fifth Ward of New York.

—— On the evening of Feb. 14th at his residence, near Readington, N. J., DR. JOSIAH QUIMBY, aged 61 years.

—— In Boston, March 18th, DR. GEO. C. SHATTOCK, in the 71st year of his age. His disease was, an affection of the heart. Dr. S. was a man of great professional and personal worth, a liberal patron of his Alma Mater, Dartmouth College and of Harvard University, to which he recently gave a donation of $15,000 for the purpose of establishing a Professorship.

—— In Paris, March 23d, the distinguished surgeon ROUX, in his 74th year.

ECLECTIC AND SUMMARY DEPARTMENT.

ON THE USE OF ALCOHOL IN MEDICINE.

I have already wearied you with this long and too uninteresting address; but I would hide my face in shame; memory would hereafter be to me a curse, if I should permit this occasion to pass without calling your attention to a subject which, as the conservators of the public health, as scientific physicians and honest men, we are bound to examine. I allude to the use, by medical men, of alcoholic drinks. Look at our county reports; see what interest is manifested to ascertain the causes of diseases. Malaria, variations of temperature, drought and moisture, geological formations, southern exposures, filth and poverty, and other minor causes are brought forward; but how insignificant do they all appear, when contrasted with that cause which, "defying all competition and comparison, stands alone in its acknowledged and detestable supremacy." The miasmata that produce fever are active but for a few weeks, cannot rise above the neighboring hill, and may be hemmed in by the smallest rivulet. The malignant dysentery that skirts along the gravelly slope, leaving death in its path, has not power, if we believe your reports, to taint the air that sweeps the neighboring limestone valley. The east wind that comes laden with cold and moisture, and causes a thousand mothers to start from their beds, as they hear the croupy cough of their little ones, gives way ere to-morrow's noon to the genial breeze of the south, or the healthful northern blast; while filth and poverty, sufficient to form a nidus for disease, scarcely hold a place even in our most crowded cities. But this pet of ours, which we introduce to all classes of human society by our example, which we force into every house by our precepts, rides over hill and mountain, sweeps every glen and valley, with a poison as fatal on the summits of the Alleghanies or the peaks of the Cordilleras as in the lowest, filthiest marsh of our country. It laughs to scorn the sanitary measures devised by physicians to arrest the spread of cholera, and, filling the blood with corruption, presents to the Eastern scourge thousands of helpless victims. It is operative in every sea—exerts its pestiferous influence as certainly among the dwellers in the regions of eternal frost as upon the wandering Arab, amid Sahara's "shrubless hills of sand," or on the luxurious grandee, whose home is amid the orange

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groves of the Queen of the Antilles. It respects neither age, nor sex, nor occupation —regards neither wealth, nor honor, nor place. The high, the low, the rich, the poor, are all stricken, and fall upon every side of us, and yet with their last breath they suck in its poisonous vapor and cherish it as their last, best hope of life. How is this? Are we responsible for this state of things? We are. It is proved beyond cavil, that typhus fever and cholera are propagated by filth and rendered harmless through cleanliness. How important this discovery—who can calculate the advantage to Philadelphia of the sanitary measures directed by physicians, during the late visit of cholera, to this city. They snatched from its grasp all but the intemperate. Could the physicians of this city be considered honorable men, if, knowing the means to avert a wide-spread and malignant epidemic, they should fail to urge their adoption, in the earnest language of men anxious for the welfare of their fellows? Assuredly not.

What is our position before the world in relation to the use of intoxicating drinks? We profess to a knowledge of the laws of health, to know what is useful and what injurious to the healthy human system; and with great gravity and much show of anxiety for the welfare of others, descant upon the injurious tendency of coffee and tea, exposure to night air, thin clothing, certain kinds of food, &c., &c.; but at the same time we make daily use of alcoholic drinks as a beverage for ourselves; we recommend them, on many occasions, to our friends; we offer them to those who socially visit us; we invite the students to our social parties, and, regardless of their parents' agony, "put the bottle to their mouths, and make them drunken." Nor do we stop here. The professor teaches that it is a valuable remedy for disease. The graduate passes into the community—and, in dysentery, typhoid and typhus fever, cholera, and many other diseases, and in every phase of real or apparent weakness, prescribes it for his patient; thus, not only fostering that fierce appetite for alcohol, that ceases only with death, but impressing the community with the belief that alcoholic drinks are absolutely essential to the preservation of health and the cure of disease. What can moral suasion do? What can the Maine Law effect in opposition to such a sentiment among the masses, founded, sustained, and encouraged by the voice of the medical profession? Our position should be, that alcoholic drinks are injurious to the healthy human system, never necessary as a preventive of disease, nor *absolutely essential* to its treatment. Is there a disease of the heart, the head, the lungs, the liver, or the kidneys, that has not been produced, a thousand times, by alcoholic drinks? Is there a single one of those diseases which demands their use as a remedy?

Dr. Edward H. Barton, in his sanitary report of New Orleans, made to the American Medical Association, says: "I have received an official document from G. W. Powell, Esq., G. W. Patriarch of the Sons of Temperance in this city, exhibiting the mortality among the members of that body during the last two most fatal years known to this city, when it has been scourged by the combined influence of yellow fever and cholera, with an acknowledged mortality from them of 5653. Of the 2427 members there have died, in two years, but twenty-nine, or one in 83·41. This most valuable report goes on farther to state in detail, that of this mortality, eight died of yellow fever, and only two of cholera; that one-third of those were transient brethren visiting for their health; and, moreover, that nine-tenths of all those members were of that very age (from twenty to forty) most subject to the malign influence of this climate." He further says: "My second proof, bearing on this subject, is the influence of climate upon that sex who are proverbially temperate everywhere. Of the large mortality by yellow fever during the last eight years but about one-seventh was females. But there is another proof. Incarceration in prison most fully protects the inmates; this it does by controlling their habits. In Mexico, the same immunity occurred with those incarcerated during the

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prevalence of cholera—and, from the same cause, scarcely a case occurred, among the temperate, in its present visitation in New Orleans." Doctor Hosack, too, has said, that, "in consequence of the habitual temperance of the Society of Friends, one-half of the members live to the age of forty-nine, and one in ten lives to be eighty: whereas the average of human life is only thirty-three, and not more than one in forty lives to be eighty." The injurious effects of spirituous liquors have long been known. Trotter wrote, that of *all the evils of human life, no cause of disease has so wide a range or so large a share as the use of spirituous liquors.* Willan declared that the *use of those liquors*, in large cities, produced *more disease than confined air, unwholesome exhalations, and the combined influence of all other evils.* Paris said that ardent spirits produce more than half of all chronic diseases. Munro asserted, that a man had no more need of ardent spirits than a cow or a horse; and Kirk, that fifteen out of twenty cases of liver complaint were caused by them. Every writer, on the diseases of tropical climates, testifies to their injurious effects, and Prof. Chapman affirmed, that the evils of using them are so great, that the emptying of Pandora's box was but the type of what had been experienced by the diffusion of those liquors among the human species. Such are the opinions of men, eminent in our profession, and their testimony finds a response in the breast of every physician; and yet we act as though alcoholic drinks were not causes of disease, but preventives of sickness, and valuable remedial agents. In nearly every part of our country, alcoholic liquors are freely prescribed, not only in low fevers and malignant dysenteries, but in convalescence from any severe disease, and in weakened conditions of the system. By the report of the auditors of the Blockley Almshouse for 1850, we are told that they used in the medical department 725 gallons of wine, 468 gallons of brandy, 248 gallons of alcohol, 15,840 bottles of porter, and nearly $3,000 of drugs and medicines. The inmates averaged 1,813 per month. It would be satisfactory and useful to us to know in what diseases, and under what conditions this large amount of spirituous liquors was used. During the last winter I heard a professor of midwifery, while lecturing to his large class, on the subject of flooding, urge upon them, in every case where they expected to be called, and had reason to apprehend flooding, to have a bottle of brandy provided, and ready in the house of the patient. Now, when we know how many valuable people have been made drunkards by brandy and wine, wine bitters, tinctures, wine and egg prescribed for weakness and indigestion, as well as by the stimulants used in convalescence; and above all, by those used under the belief that they are valuable to prevent and cure disease, we ought, surely, to *prescribe them with the greatest caution, and never, if a substitute can be found.* Are they useful in the diseases noticed in our reports? Dr. Baskin, of Mercer County, in his report on epidemics, thinks them decidedly injurious in typhoid fever, and says: "When death from prostration was feared, quinine and carb. ammonia in animal broths were much better." But Dr. De Leassure, of the same place, gave brandy very liberally. Dr. Brodie, in thirty-three cases of typhus fever, which occurred in Detroit in 1851, treated them *all on the antiphlogistic plan, and never, until convalescence had commenced*, gave any alcoholic stimulants. He lost but one case. Why did he use the alcohol *after* they began to get well? Would not the improvement have continued, or some tonics have been sufficient? The committee reporting for Kentucky and Tennessee, says: "It is difficult to select the time in dysentery for administering diffusible stimulants, but when other medicines had been pushed as far as would do, we used camphor water, brandy and water, &c., but preferred the camphor water mixture in small doses." Dr. Ferriar, of Mississippi, speaking of the treatment of typhoid fever, says: "In depressed conditions of the system, I gave serpentaria, wine-whey, vol. alkali, or brandy-toddy. In most cases the serpentaria, vol. alkali, or

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wine-whey will best fulfil the intentions." Is there a man present who believes them absolutely essential to the treatment of any disease? Can they, in typhoid fever, be used in that condition of the system in which Jackson, of Northumberland, and Prof. Wood speak of turpentine, as almost a specific? In other diseases, where stimulants are indicated, will not turpentine, capsicum, ammonia, camphor, serpentaria, or ether answer? In convalescence have we anything better than the tonics and aromatics? Will brandy stop a flooding as certainly as ergot and sugar of lead; and, when arrested, will not tonics and food be more useful to the exhausted patient than alcohol? Think, gentlemen, of five hundred young physicians being annually sent from this city, to the various States of the Union, to practice their profession, placing the brandy-bottle in thousands and tens of thousands of houses as a remedy against flooding. Who can calculate the mischief that they will produce? It were better for mankind had they never been born. But we have some authority for believing we should cease to prescribe intoxicating drinks. Dr. Chapman, in his Materia Medica, says: "It is the sacred duty of every one exercising the profession of medicine, to unite with the moralist, the divine and the economist, in discouraging the consumption of those baneful articles; and, as the first step in the scheme of reformation, to discountenance the baneful notion of their remedial efficacy." Professor Sewell, of Washington, remarks: "While we are convinced that there is *no case* in which ardent spirits are indispensable, and for which there is not an adequate substitute, we are equally assured, that so long as there is an exception allowed, and men are permitted to use it as a medicine, so long we shall have invalids and drinkers among us. Only let our profession take a decided stand upon this point, and intemperance will soon vanish from our country." Prof. John C. Warren writes: "The reservation of the use of alcohol, for cases of sickness, appears to be of little importance, in a medical way; and, if it lead to practical abuses, such reservation should not be made."

Time forbids me to say more than merely to ask that the County Societies be directed to examine the subject, and report to the next meeting of the Society; so that we may unite in an earnest declaration that alcoholic stimulants are not necessary in the treatment of any disease. From that moment, Pennsylvania will be relieved from much of her disease, crime, and pauperism. Were I a professor of midwifery, or of the practice of medicine, and believed brandy essential to the treatment of a single malady, I would appoint a solemn fast-day, on which to address my class. I would clothe the hall with the drapery of woe—would attire myself in mourning, and, invoking the presence of genius degraded—of female loveliness and virtue deformed and outraged—of parental and filial affection, turned into bitter and burning hate by the use of intoxicating drinks; would, in the mournful accents of grief, discourse to my pupils on the darkness of the nineteenth century, which had, in this single case, furnished no substitute for that agent, which has filled the world with disease, sorrow, and premature death."—*From Dr. Corson's Address.*

Treatment of Ulcers.—DR. HENRY S. PATTERSON, in the March No. of the *Medical Examiner*, calls attention to the treatment of Ulcers of the Leg by the Chalk Ointment and tight bandage of Mr. Spender of Bath. The tight bandage, so useful in the treatment of varicose veins, is recommended here, because it is found that such a condition of these vessels, either of the main trunks or the smaller superficial veins, attends four fifths of the cases of Ulcers of the Leg, and hence come "an impeded and imperfect circulation, and impaired vitality of the tissues of the limb, and the liability to ulceration, and the difficulty of healing an ulcer when once formed. Obviously the first step in the treatment of such ulcer, is to remedy this primary morbid condition." The ob-

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ject in using the Chalk Ointment, is as nearly as possible to imitate the process of nature by forming an incrustation over the whole sore, and, thus protect the newly forming cicatrix beneath it. The formula preferred by Mr. Spender, and recommended by Dr. Patterson is as follows:—

Take of Prepared Chalk,	-	-	-	4 lbs.
Fresh lard,	-	-	-	1 "
Olive Oil,	-	-	-	3 ozs.

"To the lard and oil melted together, the chalk should be added gradually, being first rubbed to a fine powder and passed through a sieve. The mass should then be stirred until nearly cold." Dr. Patterson adds—"in private practice, I have used an ointment prepared with the precipitated Carbonate of Lime, which is perfectly smooth." The ointment is spread about the thickness of a wafer, upon linen or cotton cloth, and applied over the whole sore, extending some distance beyond its margin. Over this the bandage should be applied by *the surgeon himself*. After a few days, if the dressing of the limb becomes again necessary, the ointment and bandage should be reapplied, without either wiping or washing the limb, so that the reparative process may not be interfered with by removing the incrustation.

"This treatment," says, Dr. P., "I can, from extended experience, confidently recommend to my professional brethren. It is applicable to all ulcers of the leg in which a varicose condition of the superficial veins constitutes the element of difficulty and delay in the cure, and these will be found, (I am satisfied,) to be four-fifths of all the cases that occur."

Contributions to Pharmacy.—By JOHN P. MATTAUER, M. D., LL. D., of Virginia.—It will not be denied that the operation of therapeutical agents is essentially influenced by the mode by which they are prepared.

The fact, so generally true, is particularly exemplified in the preparations of cinchona, cantharides, colchicum, guiacum, and several other medicinal substances of which I shall speak presently.

For more than twenty-five years, my attention has been particularly directed to this subject, and, during this period, I have adopted several new methods of preparing some of the articles of the materia medica, and have satisfied myself, by repeated practical trials, that these preparations possessed superior efficacy to those generally employed.

Many years ago I prepared an acetous infusion of cantharides,* for blistering purposes. This infusion was first designed for vesicating the scalps of infants, without removing the hair; and its action was very satisfactory. It was applied simply by wetting the surface of the head, and hair nearest its roots, and then carefully covering the parts with a cabbage leaf, or oiled silk, to prevent the too sudden evaporation of the blistering fluid. When other parts of the body were to be blistered, a thin compress of bibulous paper, or cloth saturated with the infusion, was applied to them, and carefully covered with oiled silk. To insure speedy and effective vesication, I usually reapplied the tincture two or three times, after intervals of half an hour. I found this agent equally as efficient and certain in its action with adults as with infants. It rendered the removal of the hair unnecessary, as it blistered every part of the surface, even when a very thick head of hair existed. This preparation has been used by many of my medical friends and with entire satisfaction. Within the last ten years, I was induced to prepare an œthereous solution of cantharides† as a vesicant, and have

*℞. Canth. contus., ℥iiss.; Acid acet., Oij. Digest for 14 days, and filter.

†℞. Cantharid. contus., ℥ij.; Spirit. oeth. nitric, Oiiss. Digest for 8 days, and filter.

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found it far more prompt and certain in its operation than the acetous infusion. It may be applied in the same manner as the latter. Frequently, merely wetting the skin with the solution, without covering the part, will blister; especially in infants. When adults are to be blistered, the preparation should generally be applied with a thin compress, and carefully covered, as already suggested,—moistening the compress from time to time, until the skin is entirely reddened. I have found this by far the most convenient and reliable means of blistering that I have ever employed. The œtheral tincture of cantharides is also an efficient internal remedy. As an emmenagogue and diuretic it has greatly exceeded my expectation. The œtherous menstruum seems not only to promote the operation of the cantharidin upon the genito-urinary organs; but at the same time to guard against strangury. I now use this preparation of cantharides almost exclusively, both externally and internally, when the lytta is indicated, and have done so for seven or eight years.

The remarkable efficacy of the œtherous preparation of the Spanish Fly induced me, five years ago, to employ spirits of nitric œther as a menstruum for cubebs, colchicum, guiacum, squill, ergot, gossypium, sanguinaria, ipecacuanha, digitalis, nux vomica, and some other articles of less importance. The œthereous tincture of cubebs* is a most valuable remedy in all the sub-acute inflammations of the bladder, of the urethra, of the uterine cavity, and of the mucous lining of the stomach and intestines. It should be administered in some mucilaginous vehicle.

The tincture of colchicum† is applicable to the treatment of all of the cases demanding the use of the colchicum, and is decidely preferable to the vinous seminal tincture now in use, by reason of its tendency to act on the urinary system. It is very well adapted to the treatment of sub-acute rheumatism, gout, œdema, and neuralgic rheumatism, especially if the urinary secretion is materially diminished in quantity. In the bloating occasionally connected with dysmenorrhœa, a combination of this tincture with the œthereous tincture of cantharides, sanguinaria and gum guiacum will be found a most valuable remedy. It should be taken three or four times daily in an infusion of pine tops, in doses of ten to twenty drops each. The same combination will also be found valuable in the sub-acute stage of gout and rheumatism.

The œthereous tincture of gum guiacum‡ is superior to the preparations of that article now in general use in the treatment of rheumatism by reason of its tendency to act on the urinary system; and the same may be said of it as an emmenagogue when there is rheumatic irritation of the uterus as an associate cause of dysmenorrhœa.

The œthereous tincture of squill§ is adapted to all cases in which squill is indicated, and is an elegant preparation. In dropsy, œdema of the mucous lining of the larynx, and of the lungs, in asthma, and as an expectorant and diuretic it will be found a most convenient and valuable preparation. A combination of equal parts of this tincture and of the syrup of lobelia inflata taken three or four times daily, in doses of ℥ss. to ℥j each, is the most efficient remedy I have ever used in asthma.

The œtherous tincture of ergot‖ is best suited to cases of inaction or torpor of the uterus connected with debility or exhaustion; it may be used either as an emmenagogue or as a parturient. In uterine hæmorrhage, or menorrhagia dependent on debility, or exhaustion of the uterus, it will be found a valuable remedy. Its action upon the uterus is greatly influenced by the œthereous menstruum. It is best

*℞. Pip. cubeb. contus., ℥iv.; Spirit. oeth. nitric, Oij. Digest 8 days and filter.
†℞. Sem. colchic. contus., ℥iv.; Spirit. oeth. nitric, Oij. Digest 10 days and filter.
‡℞. Guiac. gum. resin, ℥iv.; Spirit. oeth. nitric, Oij. Digest 8 days, and decant.
§℞. Scill. maritim. contus., ℥iv.; spirit oeth. nitric, Oij. Digest 8 days, and filter.
‖℞. Ergot. contus., ℥ij.; spirit oeth. nitric, Oj. Digest 10 days and filter.

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to give it in some diuretic vehicle, such as pine tops tea, or flax seed or elm tea; and it may be taken in doses of ʒss. to ʒij. once in four or five hours.

The tincture of gossypium* is possessed of properties very similar to that of ergot and may be employed in like doses with it, and in similar diseases.

The tincture of sanguinaria† is valuable when combined with the tinctures of cantharides, guiacum, colchicum, cubebs, and indeed any other emmenagogue, in the treatment of dysmenorrhœa. It is also a valuable expectorant and diaphoretic in pneumonia, bronchitis, and oedema of the mucous lining of the air passages. It is administered in doses from ʒss. to ʒij., once in three or four hours. This tincture may also be employed alone as a diaphoretic and expectorant.

The oethereous tincture of ipecacuanha‡ is so closely assimilated to the tincture of the sanguinaria in its therapeutical properties, as to be applicable to the treatment of the same diseases. It is an elegant and most convenient preparation. In typhoid fever it will be found far superior to the ipecac pill as a diaphoretic, especially when the tongue is dry and the thirst urgent. It may be used also in typhus fever, or indeed in any febrile affections during the sub-acute stage. This valuable preparation acts both as a diaphoretic and diuretic in these cases, as well as an expectorant.

The oethereous tincture of digitalis§ is a far better preparation than the alcoholic, on account of its greater activity; and this it derives chiefly from the oethereous menstruum. In doses from ʒss. to ʒj., in some diuretic infusion, taken three times daily, it will be found well adapted to all such cases as require the foxglove.

The oethereous tinctnre of nux vomica‖ is especially indicated in the treatment of seminal debility, or to speak more properly, debility of the generative organs. In this, the gravest of human ills, after such preliminary treatment as may be demanded for the correction of constipation, and prostatic tenderness, this tincture will be found a most excellent means of restoring the erections. It is also valuable in exciting appetite for food, and in the invigoration of the digestive organs. This preparation is well adapted likewise to the treatment of paraplegia, especially when the bladder and rectum are implicated, as well as such other forms of paralysis as demand the nux vomica or its alkaloid. It may be given in doses from ʒss. to ʒiss. three times daily, before or after meals, in some bitter infusion. The cold infusion of wild cherry bark I have generally preferred as a vehicle for it.

The oethereous solutions or tinctures are more readily prepared, requiring to be digested for a less time than the alcoholic, and keep without the least deterioration. They are also adapted to those conditions of the constitution in which alcoholic menstrua would be objectionable.

Hydrargyrum cum creta. This valuable preparation of mercury is usually formed by triturating ʒiij. mercury with ʒv. of prepared chalk, until the globules are extinguished. This is a tedious process, and the resulting powder is not of uniform strength, nor is the mercury completely rubbed down. Indeed, it is questionable whether the powder, when apparently well formed, always contains mercury, as a compound may

*℞. Gossypii. herbac, ʒiv., spirit. oeth. nitric, Oij. Digest for 10 days and filter.

†℞. Sanguinar. canadens. contus, ʒiv.; spirit. oeth. nitric., Oij. Digest 8 days and filter.

‡℞. Cephael. ipecac. rad. contus., ʒij.; spirit. oeth. nitric., Oij. Digest 8 days and filter.

§℞. Digital. purp. fol., ʒiss., spirit. oeth. nitric., Oij. Digest for 10 days and filter.

‖℞. Nucis vomicæ pulv., ʒij., spirit. oeth. nitric, Oij. Digest for 10 days and filter.

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be readily formed by uniting other coloring substances with chalk, to imitate blue mercurial powder; and I think I have met with such imitations several times. The blue powder that I have procured from the shops has generally disappointed me; and for a number of years I have prepared it myself according to the following method:

Take one part of pure starch; eight parts of prepared chalk; and sixteen parts of mercury. Reduce the starch to fine powder. The chalk may now be added, and after being well mixed, the mercury can be united. The powder must next be moistened with water, but not to the extent of wetting it; and the whole rubbed until nearly dry, when the mass should be again moistened and rubbed dry. In this manner the process must be repeated from time to time, as may be convenient, until the powder assumes a uniform bluish appearance. After the chalk seems to be saturated with the mercury, rub the mass perfectly dry, and then moisten it sufficiently to make it adhere to the surface of the mortar by pressing with the pestle. By carefully passing the pestle over the adhering mass, so as to render its surface smooth, the superfluous mercury will now escape from it in small globules and fall to the bottom of the mortar, and the separation may be facilitated by striking the bottom of the mortar against the table repeatedly, and by pouring the mercury over the surface of the mass where any globules appear. The mercury may now be removed from the mortar; and as soon as the mass becomes sufficiently dry, the trituration must be renewed and continued until the mass becomes a smooth, dry powder. Prepared according to this method, I have used blue powder in my practice more than twenty-five years, and have uniformly found it far more certain in its operation than that obtained from the shops. I prescribe it in the ordinary doses, or nearly so, and yet I am satisfied it is stronger than that in general use. I invariably direct it to be administered nearly dry, united with brown sugar, and to be mixed in a cup by stirring the powder and sugar together with a straw or the point of a knife. The dose may then be taken into the mouth and swallowed, first with the saliva, and afterwards with a mouthful of water. This powder should never be mixed in a silver spoon, or in any other utensil possessing an affinity for mercury, or the powder may be rendered entirely inert; and such an accident once befell a patient of mine, who nearly lost her life before the cause of failure of the medicine in producing its proper effects was discovered.—*Virg. Med. and Surg. Jour.*

DEATH OF PROF. PATTERSON.

We are pained to announce the decease of our friend and co-laborer, Prof. HENRY S. PATTERSON, M. D., of Philadelphia. Dr. P., who has long been an invalid, died on the 27th of April, in the 39th year of his age. A full notice of his death and its causes will appear in a future number of the REPORTER. The present number contains his last contributions to medical literature. His bereaved wife has to mourn a double loss, as it is but a few weeks since their only son was buried.

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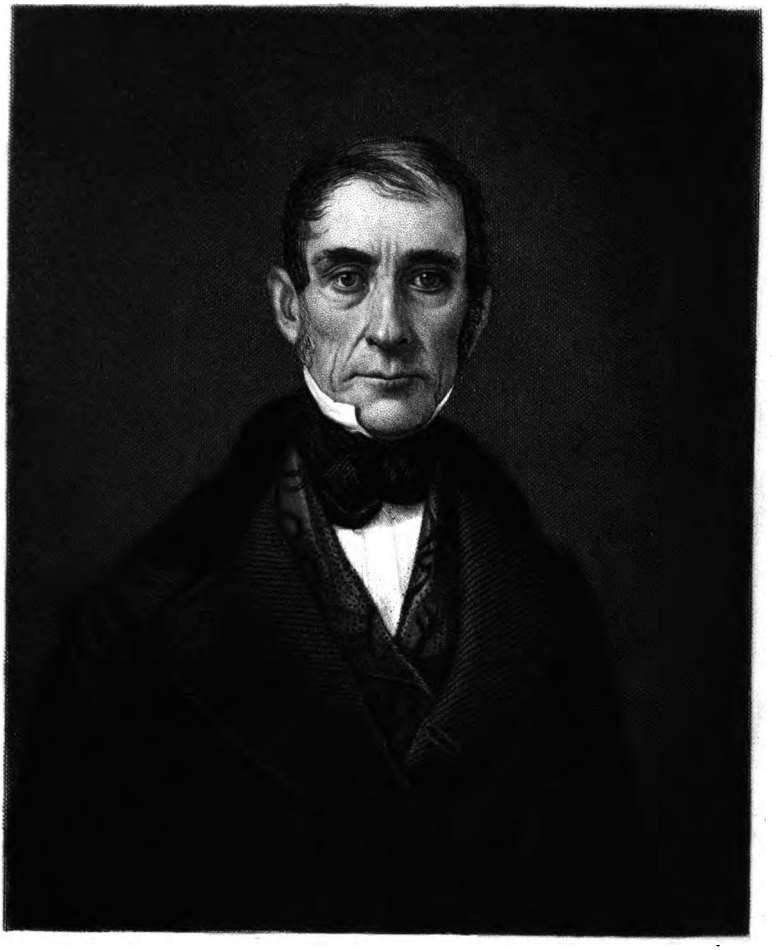

Alex'r H. Stevens.

ALEXANDER H. STEVENS, M. D.

Prof. of Pr. of Physic and Surgery in N.Y.

Eng. Ex. for the N.J. Med. Reporter.

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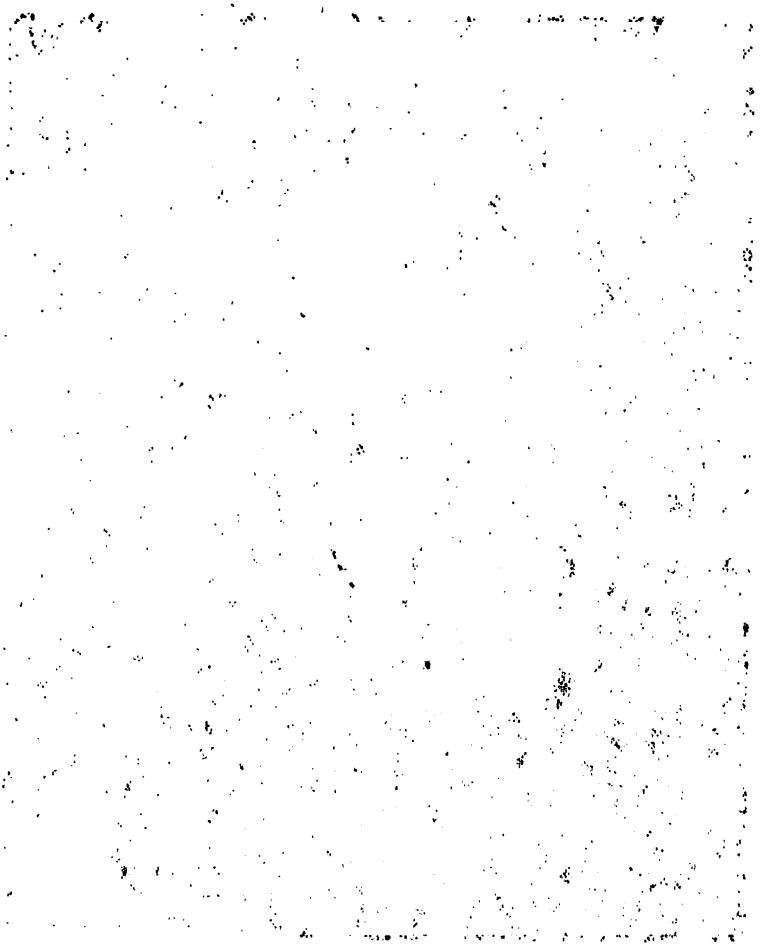

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THE

NEW JERSEY MEDICAL REPORTER.

VOL. VII. JUNE, 1854. NO. VI.

AMERICAN MEDICAL ASSOCIATION.

History of the American Medical Association.

NUMBER IV.

BY ONE OF ITS MEMBERS.

THE doings of the second National Convention, held in May 1847, were noticed more or less in detail by the Medical Periodicals throughout the country. And with few exceptions, these notices were couched it terms of decided commendation. Several of the medical periodicals in this country were conducted by Professors in the Medical Colleges, and a majority of them regarded the action of the Convention in reference to extending the *College term* to *six months*, as unwise and impracticable, but otherwise warmly commended its doings and objects. Dr. Samuel Annan, one of the Professors in the Transylvania University, the oldest medical school in the West, carried his objections much farther, and reviewed the proceedings of the Convention at considerable length in the Western Lancet, and his views were at least partially endorsed by the Editor of that Journal. Dr. Annan contended that the Convention was not properly a *National* one, because some sections of the country were represented very imperfectly, and many of the Colleges not at all; and hence its recommendations, were not binding either on the profession or the Medical schools. He not only opposed the extension of the Lecture term in the Colleges to *six months*, as recommended by the Convention, but he opposed still more strenuously the resolutions adopted, setting forth a standard of preliminary education to be required before commencing the study of medicine.

Those resolutions were contained in the article published in the April number of this Journal. The standard requires simply, that the individual proposing to study medicine, shall have "*acquired a good* En-

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glish education, a knowledge of Natural Philosophy and the elementary Mathematical Sciences, including Geometry and Algebra; and such an acquaintance at least with the Latin and Greek languages as will enable him to appreciate the technical language of medicine, and read and write prescriptions."

And yet Dr. Annan gravely and at considerable length, contended that these requirements were too high; that they impose unnecessary burdens on the student, and, if exacted, would deter many from studying the profession, who would otherwise enter it with profit to themselves, and benefit to the community. This effort of Dr. Annan, like the Address of Dr. Martyn Paine, previous to the first Convention, instead of diminishing the confidence of the profession in the doings and objects of those who assembled in Philadelphia, only served to call out able replies from several sources, both in the east and the west, and thereby direct the attention of a much larger number to the importance of the whole subject. Perhaps the most important of these replies was that of Dr. Sutton, of Georgetown, Kentucky, published in the Western Journal of Medicine and Surgery. He refuted all the special pleading of Prof. Annan, with sound arguments and happy illustrations. But while some of the resolutions adopted by the Philadelphia Convention were objected to by such Journals as were connected with the Medical Colleges, they were almost unanimously approved by the great mass of active practitioners, as represented in the several State and County or District Societies. Indeed, one of the earliest and most important results which followed the organization of a permanent National Association, was the organization of new Societies and Associations in states where none existed before, and the revival of many old Societies which had ceased to maintain an active existence.

During the period intervening between the sitting of the Convention in Philadelphia, and the next annual meeting in Baltimore, new State Medical Societies were organized in South Carolina, Alabama, and Pennsylvania; and the old ones were greatly invigorated in Georgia, Mississippi, Tennessee, Ohio, and Wisconsin. In all these and many others in the Middle and New England States, resolutions were adopted cordially sanctioning the action of the National Convention, particularly in reference to the subject of preliminary and medical education. The following resolutions adopted by the Medical Society of the State of Delaware, at its Annual meeting in December 1847, will afford a fair representation of the action of nearly all the State Medical Societies in the United States, in reference to the same subject.

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"*Resolved*, That this Society regard the unanimity which characterized the proceedings of the National Medical Convention, at its annual meeting in May last, and the prospective field of action then unfolded, as sources of gratification, and as calculated to advance the best interests of the medical profession, and of the community at large, by elevating the standard of medical education and ethics, and by exciting a spirit of scientific investigation throughout the Union."

"*Resolved*, That this Society coincide in the recommendation of the Convention, as respects *preliminary* education, the requirement of the medical schools, and registration of births, marriages and deaths; and that its efforts shall be directed to the advancement of the objects therein contemplated."

But while the proceedings of the great National Medical Congress at Philadelphia, were thus explicitly ratified and sanctioned by the great body of American practitioners, as represented in the state and local Societies, it is evident that most of those directly connected with the medical schools, looked upon the whole movement with distrust, chiefly, however, on account of the proposed extension of the Lecture term to *six months*. That they felt strongly the moral force of the recommendation, was evident both from the comments of such Medical Journals as represented particular schools, and from attempts to partially comply with the requisition. Thus the medical department of the University of Pennsylvania promptly extended its Lecture term to six months, thereby complying with the recommendation in full; the College of Physicians and Surgeons, the oldest and most influential school in New York, extended its term to *five* months; while most of the remaining schools contented themselves with the addition of from two to four weeks of preliminary instruction, on which their classes might attend or not, as they chose.

Such seems to have been the immediate and obvious influence produced by the organization of the American Medical Association, and the two National Conventions that preceded it.

The first regular annual meeting of the Association commenced its session on the 2d day of May, 1848, in the city of Baltimore. At 11 o'clock A. M., the President, the venerable Dr. Nathaniel Chapman of Philadelphia, took the chair and opened the session with a very brief, but eloquent and appropriate address. In applying the word *appropriate*, to the remarks of Dr. Chapman, I do not wish to be understood as endorsing fully one of the prominent sentiments then uttered by him, and which reads as follows, viz: "The profession to which we belong,

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once venerated on account of its antiquity—its varied and profound science—its elegant literature—its polite accomplishments—its virtues—*has become corrupt*, and *degenerate to the forfeiture* of *its social position*, and with it, of the homage it formerly received spontaneously and universally." It would be exceedingly gratifying to know *when was* that golden period in the history of medicine, characterized by *profound science* and *elegant literature*, coupled with the *polite accomplishments* and exalted *virtues* of its votaries.

It could not have been at a very ancient period, for with the exception of here and there a brilliant star in the medical firmament, we find in all the earlier centuries, instead of profound medical science, only a medical literature corrupted by an intermixture of all the mythological, alchemistical, and superstitious dogmas of the times. Indeed, Dr. Chapman himself, in the same brief address, tells us that, "with the *present century the spirit of philosophy began* to be infused into it, (medicine) creative of *real* and substantial improvements in its theories and modes of practice, *raising it from a low and conjectural art, to a place among the legitimate sciences.*" The present century commenced with the year 1800; and if with that began the first real infusion of the spirit of true philosophy into medical science and literature, resulting in their subsequent elevation to a "place among the legitimate sciences," then surely, we must search for the *golden* age alluded to, among the records of the last fifty years; that is, within a period covered by the professional career of Dr. Chapman himself. Now the idea that the profession, in any of its aspects, has become more *corrupt* and *degenerate* during that brief period, will appear simply ridiculous to all who are familiar with its history. I know it may be said that Dr. Chapman referred more particularly to its "*social position*," than to its progress in science. The time has been, doubtless, when a powdered wig, a golden headed cane, and a pompous display of the mythological jargon of past centuries, elicited from the superstitious multitude, an admiring deference and blind homage unknown at the present day. But was that a social position to be desired; or to be remembered with regret by enlightened minds of the nineteenth century? I think not. And I further think, that we shall search the records of the past in vain, to find a period when the profession possessed more profound science—more elegant literature—more varied accomplishments—or more exalted virtues,—than at the present time.

The idea that there has been during the last century, any period when the profession has become corrupt and degenerate, in any of its aspects,

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whether scientific, literary, moral, or social, is delusive and untrue. False pretenders and quackery have abounded in every age, from that of Hippocrates to the present. But legitimate medicine has advanced with every step of progress in general science and philosophy. And during the last half century, especially, has every branch of the *healing art* become enriched and expanded by an accumulation of facts and the application of philosophical principles of research, beyond any other period that can be named. It is this very rapid advance in science and literature which has made ignorance in the profession more apparent, exposed more fully the tricks and arts of mere pretenders, and brought the whole profession more rigidly to the necessity of resting its claims to public confidence on its actual attainments. The real boundaries of medical science, the sum total of medical knowledge, has also immensely increased, as is easily demonstrated by comparing the text-books and medical literature of 1800 with those of 1850. And yet with all this increase of medical science and literature, including the applications of the microscope, organic chemistry, and physical means of diagnosis, the nominal term of medical pupilage has remained the same.

The medical schools attempt to teach the medical science of 1850, in the same number of weeks as they did that of 1800. Hence the real cause of that restlessness of the professional mind, and that demand for reform which resulted in the formation of the American Medical Association, was not corruption and degeneracy, nor a consciousness of social degradation; but it was the failure on the part of the profession at large, to exact of those proposing to enter its ranks, a general education, corresponding with the extent and intricacy of the medical field before them, and an equal failure of the medical schools to extend and systematize their courses of lectures in a ratio with the rapidly extending sciences which they professed to teach.

The whole number of delegates present at the meeting in Baltimore was 266, representing societies and medical institutions in twenty-one States and the District of Columbia. After a variety of motions and some ballottings, a Committee of one from each State represented in the Convention, was appointed to recommend suitable candidates for officers of the Association during the coming year. Dr. Chapman, in his opening address had expressly declined being a candidate for re-election, and urged upon the Association the propriety of adopting the principle of *rotation* in office. On the morning of the second day of the session, the nominating committee reported the following list of candidates, who were unanimously elected as the officers of the Association, viz:

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PRESIDENT,

DR. ALEXANDER H. STEVENS, of New York.

VICE-PRESIDENTS,

DRS J. C. WARREN, of Mass.; SAMUEL JACKSON, of Pennsylvania; PAUL F. EVE, of Georgia; W. M. AWL, of Ohio.

SECRETARIES,

DRS. ALFRED STILLE', of Philadelphia; H. Y. BOWDITCH, of Boston.

TREASURER,

DR. ISAAC HAYS, of Philadelphia.

Dr. Stevens on being conducted to the chair, returned his thanks to the Association for the honor conferred, and added some very excellent remarks. The most important subjects which engrossed the attention of the Association during the session, were embodied in the reports of the Standing Committees appointed at the meeting in Philadelphia. The report on Medical Sciences was made by Dr. W. T. Wragg, of Charleston, S. C.; that on Practical Medicine by Dr. Joseph M. Smith, of New York, to which was appended a very interesting paper on Œdematous Laryngitis, by Dr. Gurdon Buck, one of the Surgeons to the New York Hospital; and that on Obstetrics, by Dr. Harvey Lindsly, of Washington, D. C. These several reports were well written, and contained a very full *resumé* of the recent improvements made in these important departments of medical science. The report on Surgery was made by Dr. George W. Norris, of Philadelphia, to which was appended three papers on anæsthetic agents in surgical practice, namely, one by Dr. Isaac Parrish of Philadelphia, one by Dr. Henry J. Bigelow of Boston, and one by Dr. R. D. Mussey, of Cincinnati. These last named papers led to a somewhat protracted and very interesting discussion, during which much valuable information in relation to the use of Ether, Chloroform, and Chloric Ether, was communicated, by Dr. J. C. Warren and others.

The report from the Standing Committee on Medical Literature was made by Dr. Oliver Wendell Holmes, of Boston; and that on Medical Education, by Dr. A. H. Stevens, of New York. The latter report was accompanied by a series of resolutions, declaring it to be the duty of the Trustees of Hospitals to open their wards for the purposes of *clinical* instruction; that every system of medical instruction should rest on the basis of practical demonstration and clinical teaching, and that Medical Colleges should gain access for their students to the wards of a well regulated hospital; that no mere *political* considerations should influence the appointment of those who are to serve as Hospital Physicians and Sur-

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geons; that the recommendations of the Convention of May 1847, in relation to preliminary education and the requisites for graduation, be reaffirmed by the Association; and some other items of less importance. These resolutions were discussed fully in Committee of the whole, and finally adopted with one or two amendments. The resolution in relation to preliminary education, &c., as adopted, is as follows, viz:

"*Resolved*, That this Committee reiterate and *strongly recommend* to the Association a practical observance of the resolutions appended to the report of the Committee on preliminary Education, and on the requisites for graduation submitted to the Medical Convention which assembled in Philadelphia in May, 1847."

The foregoing reports from Standing Committees, occupy 240 pages of the volume of Transactions, and are well worthy of the perusal of every member of the profession. The paper of Dr. Buck on Œdematous Laryngitis and the practicability of *scarifying* the glottis, was illustrated by several well executed colored plates, and is alone worth the cost of the whole volume.

The report of Dr. Holmes on Medical Literature criticises with severity, the proneness of American writers to content themselves with the position of *Editors* of Foreign works; and with still greater severity the character of some departments of our medical periodicals. But he closes his report without any more specific recommendations than the following, viz: "It is by indirect means rather than by direct contrivances that this desirable object, (the improvement of our medical literature,) is to be promoted; by elevating the standard of education; by the stern exclusion of unworthy articles from Medical Journals; by the substitution of original for parasitical authorship; and by introducing such a tone of general scholarship and scientific cultivation, that the finer class of intellects may be drawn towards the ranks of the medical profession."

During the session of the Association, a communication was received from the Medical Department of the National Institute in reference to the Sanitary condition of the United States, informing the Association that a Committee had been appointed on that important subject, and inviting its aid and co-operation.

This was responded to by the Association, and a Committee, consisting of twelve eminent members of the profession was appointed to report on the subject at the next annual meeting.

Dr. T. O. Edwards, then a member of Congress from Ohio, made a very interesting communication to the Association on the subject of the *adulteration* of imported drugs, and the necessity of a law of Congress,

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requiring the inspection of drugs in all the principal sea-port towns. The communication of Dr. Edwards was received with attention, and published in the Transactions of the Association. A formal *memorial* for such a law as had been proposed, was drawn up and presented to Congress. A report occupying seventeen pages of the volume of Transactions, was made by the Chairman of the Committee on Indigenous Medical Botany, Dr. N. S. Davis, of New York. This report was chiefly occupied with the discussion of the medicinal properties of the Rumex, or Water Dock; the Lycopus Virginicus; the Hamamelis Virginicus; and the Cimicifuga Racemosa. It seems to have been the design of the Chairman of this Committee, to institute a thorough inquiry into the *real* medicinal properties of such native plants as had been reputed to possess valuable medicinal qualities, rather than the collection of mere Botanical Catalogues. And it is to be regretted that his design has not been fully carried out, for there is no subject that more imperiously demands a thorough investigation than this. This report was designed by its author, merely as the beginning of a work, that would require years to complete. It was accompanied by two papers embodying extensive Botanical Catalogues of Medicinal Plants, one from Dr. Stephen W. Williams, of Massachusetts, and the other from Dr. F. P. Porcher, of S. C. These were returned to the Committee with the request that their investigations should be continued another year. On motion of Dr. Corbin, of Virginia, delegates were appointed to visit and exchange friendly intercourse with the British and Provincial Medical and Surgical Associations. Drs. George B. Wood, Jacob Bigelow, and H. H. McGuire were appointed for that purpose. Various amendments to the constitution were proposed, but could not be acted upon until the next annual meeting of the Association.

The number of Standing Committees required by the Constitution was appointed, and the City of Boston selected as the place for the next annual meeting. With the exception of a few items of discord at the commencement of the session, the proceedings of this meeting were conducted throughout; with much harmony and good feeling. The session was continued three days, and evidently contributed much to increase the confidence of the profession in the permanency and value of the Association. It was evident that an active spirit of improvement had been aroused in every department of the profession.

It was manifest in the rapidly increasing social organization of the profession, to which I have already alluded. It was equally manifest in the zeal with which the several Committees appointed by the Associ-

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ation, entered upon the literary labors imposed upon them; and still more by the disposition to communicate valuable private papers, like those of Drs. Buck, Du Bois, and Edwards, which were presented at the present session.

And as the first regular annual session of the Association closed, I think every member felt willing to unite heartily in the following sentiment which constituted the closing remark of Dr. Stevens on taking the presidential chair.

"Our Association stands forth without a parallel in its high purposes, and in its means of accomplishing them. May it prove an exemplar of similar organizations in our sister republics of the Western Hemisphere, and exhibit in a new form to our brethren in Europe, the easy adaptation of our institutions to the great end of promoting the happiness of mankind."

On a peculiar Acid, secreted in the Lungs. By *Dr. Verdeil*, (*Comptes Rendus.*) Translated for the N. J. MEDICAL REPORTER, by CH. F. J. LEHLBACH, from the German (Medicinische Neuigkeiten; Erlangen: vol. ii. p. 160. Edited by Prof. Wintrich).

"VERDEIL has examined the lungs of many animals, and is most evidently convinced, that in the parenchyma of the lungs, a peculiar crystallizable acid is present, which forms crystalline compounds with bases. This acid is partly in a free state, but preponderates as a salt of soda. VERDEIL experimented in the following manner: He cut up the pulmonary tissue into excessively small slices, so as to render it almost of a pasty consistence. He then triturated the mass with cold distilled water, placed it in a linen sack and expressed the liquid. This manifested an acid re-action. The liquid was then heated in a sand bath, to separate the albumen by coagulation; then it was neutralized by baryta, and evaporated in the water-bath to about three-fourths of its former volume. Then a solution of sulphate of copper was added, which produced a thick and copious precipitate. The liquid having again been filtered, was found to contain sulphate of copper in excess. Dr. VERDEIL then added a small quantity of sulphuret of barium in solution, so as to produce an insoluble salt of sulphate of baryta and sulphate of copper. The supernatant liquor was again filtered and evaporated until crystals of sulphate of soda commenced to form. As soon as this took place a little diluted sulphuric acid was added, and the liquid treated with boiling rectified alcohol. By this process, the pulmonic acid is dissolved,

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while the sulphate of soda remains behind insoluble. During the cooling of the alcohol, in the course of a few hours, needle-like crystals form around a centre, which can easily be seen adhering to the sides of the vessel.

This crystallized pulmonic acid is lustrous, has a considerable light-reflecting power, and loses no water of crystallization, if heated to 100 deg. R. It is easily dissolved in water, but insoluble in ether and alcohol, soluble, however, in boiling alcohol. The elementary analysis showed it to consist of carbon, hydrogen, nitrogen, oxygen and sulphur. (An accurate chemical formula has not yet been obtained.) *This acid has the property to disengage carbonic acid from carbonates. It seems to play an important part in the animal economy, decomposing, as it seems, the carbonate of soda, carried in the blood to the lung, by combining with the soda, and in this way setting the carbonic acid free.*

That this acid is secreted in a free state by the lungs is proved by the fact, *that all blood has an alkaline re-action.* The pulmonic acid combining with the soda of the blood, does not change the chemical re-action of the latter, because it only takes the place of the expelled carbonic acid."

REMARKS BY THE TRANSLATOR.—It was formerly believed, that the carbonic acid, which we exhale, was formed in the lungs. The opinion prevailed, that the blood which is sent to the lungs through the arteria pulmonalis, carried *carbon* with it, and that the oxygen which we inspire entered in the lungs directly in combination with this carbon, so as to form carbonic acid in such a way, that the oxygen taken in by one inspiration would again be expelled in the form of carbonic acid gas with the next expiration. But this theory has been abandoned by all physiologists, since it is known, not only that the oxygen, taken in the lungs, is carried by the red corpuscles to every part of the body, but also, that carbonic acid is found to be ready formed in the venous blood.

Modern physiology also leaves no doubt as to the source of carbonic acid. It is formed in the capillaries. The only question which remained an open one is, *in which state does the carbonic acid reach the lungs?* Manifold experiments on the absorption of gases by different fluids, leave no trace of a doubt, that a part of the carbonic acid is absorbed in a free state by the venous blood. But taking into consideration the large amount of carbonic acid daily exhaled by the skin, it seems probable, that this free carbonic acid is removed through this channel. *The absorptive power of the blood, however, in reference to carbonic acid, is not by any means so high, that we could account in this way for the*

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whole mass of carbonic acid expelled from the lungs. The theory, that carbonic acid reaches the lungs in combination with alkalies, so as to form carbonates, has not hitherto been accepted, on the ground that it could not be explained how the carbonic acid could be separated in the lungs from such a base, and set free. The discovery of a peculiar pulmonic acid by Dr. Verdeil, has removed all objections, formerly in the way of this theory.

If we take into consideration the objects of respiration, we find them to be twofold. The first object of the respiratory process is, *to carry oxygen into the system.* The oxygen is not mechanically absorbed by the blood, but in the lungs it enters into a chemical combination with the hæmatin of the red corpuscles. Iron forms an essential constituent of hæmatin. In chlorosis it is substantially iron, which is wanting in the formation of red corpuscles, and because we find in this disease an insufficient oxygenation of the blood, we are justified to conclude, *that the iron of the hæmatin unites chemically with the oxygen and sets it free in its course through the capillaries,* wherever it is wanted for the processes of nutrition and re-absorption. *In this manner we find iron to be the carrier of oxygen.*

The second object of respiration is to remove the carbonic acid, which has been formed in the capillaries by the decomposition of disintegrated tissues. Should there not be a carrier of carbonic acid for the process of decarbonization, as there is a carrier for that of oxygenation of the blood? Verdeil seems to have answered this question indirectly by accepting, that carbonate of soda is decomposed in the lungs, by the peculiar pulmonic acid discovered by him.

In a pathological point of view, this discovery must lead to important results. If the secretion of the pulmonic acid is disturbed, if it is secreted in an abnormally small quantity, so as to be insufficient to decompose the normal amount of carbonate of soda, the carbonic acid is necessarily accumulated in the organism, and in this way diseases may be caused, especially of the liver. The antagonism between this organ and the lungs, has long been observed, although the remote cause of this was not known.

Disturbances of the animal organism by an abnormally *increased* secretion of this acid, cannot be determined before we are acquainted with the proportions in which the elements forming the acid are combined.

If we accept soda to be the carrier of carbonic acid in the animal organism, we can easily explain why common salt must be so essential a constituent of our food, and why we take it in larger proportions even

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than carbonates and phosphates of lime and magnesia, which enter to a larger extent into the constitution of our frame than salts of soda.

Whether in some disturbances of the process of respiration, chloride of sodium would not act analogous to iron in chlorosis, by supplying a necessary element of decarbonization, as the former supplies an element of oxydation, is a question which remains to be settled by practical experience in the sick chamber.*

If further researches and experiments should either confirm or overthrow the remarks and suggestions made by the translator, he will return to the subject, if it has not been done by somebody else before him.

Chloride of Sodium in Intermittent Fever.

BY EDWARD D. G. SMITH, M. D.

EVERY one who has treated Intermittent Fever to any extent, has been annoyed by the obstinacy with which it sometimes resists all measures which are brought to bear upon it; and will be prepared to welcome what appears to be a new remedy. For though Chloride of Sodium has long been used in medicine for various purposes,—emetic, alterative, astringent, anthelmintic, &c., its use as an anti-periodic, as far as I can discover from considerable search and enquiry, is of modern date. Eberle, Dewees, Watson, Wood and Gregory, in their several treatises upon Intermittent Fever do not mention it: neither is this property ascribed to it by Pereira or the U. S. Dispensatory. The merit of first proposing it in this complaint, according to an article in the NEW JERSEY MEDICAL REPORTER for December, 1851, is due to Dr. Piorry of Paris, who administers it in doses of two table spoonsful once or twice a day, and asserts that it arrests the paroxysms as promptly as quinine. Professor Herrick of Rush Medical College, also reports the result of several trials made with it, which go to corroborate the statements of Piorry. He prescribes it in doses of three or four drachms, twice daily in mucilage. After the fever is checked he gives it in smaller doses—ten grains with the same quantity of carbonate of iron two or three times daily, as a tonic and corrective of the secretions of the alimentary tube. From the high terms in which it was spoken of by these gentlemen, I resolved to administer it upon the first opportunity. I did so, and the result was so satisfactory, that I was induced to give it a more extensive trial. I have given it in many cases; in some of which quinine and ar-

* Since this was written, the writer has learned that chloride of sodium has been used with great success in intermittent fever, by Dr. E. D. G. Smith, of Newark, N. J.

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senic had failed; and its almost invariable success, I think, warrants the praises bestowed upon it, and entitles it to recognition among the articles generally considered as specifics in this complaint. In fact, I do not recollect a single instance in which it has failed, when it has been faithfully taken according to my directions. In those cases in which it has appeared to fail, I have found, upon strict enquiry, that the patient neglected to take it,—generally because of its nauseous taste; which unfortunately cannot be entirely hidden, and which is the principal objection to its use, especially for children. I think there is less tendency to the return of the disease at the expiration of the week, when cured by the chloride, than when quinine or arsenic is used. My friends, Drs. Eyrich and L. G. Thomas, who have both given it successfully in many cases, are of the same opinion.

I found the doses directed by Drs. Piorry and Herrick rather too large;—in most instances the stomach being unable to retain them. My method, therefore, has been to give it, during the interval of the fever, in doses of a *teaspoonful*—in weight from ʒjss to ʒij., in slippery elm or toast tea, every three hours for five or six times;—after thoroughly clearing out the alimentary canal by Calomel and Jalap or the Bilious Pills. Indeed, these doses have in many instances, caused vomiting at first; especially if there was much gastric derangement:—but tolerance was generally soon established, and the vomiting ceased after the first or second dose, having undoubtedly done much good by clearing out the stomach. In a few cases, however, the medicine continued to cause vomiting at every dose, and I was obliged to discontinue it and resort to quinine or arsenic in its stead.

As some patients would doubtless object to "Common Salt" in its natural state, it occurred to me that it would be well to disguise it; which I have been in the habit of doing by rubbing it up with Red Saunders, thus making it of a fine pink color, and then adding a few drops of oil of anise. This deception has been successful. I have frequently been amused by comments upon, and questions as to the cause of its "*saltish taste.*" The information that the taste was the result of the manner in which the medicine was prepared, has always been satisfactory;—no suspicions as to its real character, having, as far as I am aware, been entertained after this explanation.

The first patient to whom I administered the chloride was an old Irish woman of about 60, who had been afflicted with a tertian fever for some two months, and *said* she had taken quinine nearly every day since she had been sick:—a statement which I received with some al-

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lowance. She was in a very desponding frame of mind, and said she knew she was going to die, and all she wanted of the doctor was to give her a line to the priest, who refused to come to her spiritual aid without such a testimonial. I endeavored to encourage her, and induce her to make one more effort before abandoning herself to despair; assuring her that if I found she could not be cured, I would give her the desired epistle in time to secure her salvation before she died. After some persuasion she consented, and after the operation of a dose of bilious pills, which she took at bed-time, she commenced the next morning—it being her well day—with the chloride, in doses of a teaspoonful in toast tea, every three hours, with orders to soak her feet in hot water the next day, before the time when the paroxysm generally came on, and to remain warmly covered up in bed during the day. She complied faithfully with my directions, though as she afterwards informed me, rather to secure the line to the priest, which I had refused to give her otherwise, than from any great faith in the medicine. To her and my great delight, she had not another paroxysm; and I saw her again a month or two afterwards, when she told me she had not been sick a moment since she took the medicine, in praise of which she was eloquent. In fact, she had improved wonderfully in appearance and also in spirits: all of which improvement she ascribed to the chloride.

Her grand-daughter, a girl of 17 or 18, was afterwards attacked by the fever, also of the tertian type, and the old lady requested me to give her some of the same medicine. I accordingly left her a dose, to be preceded, as in the case of the grandmother, by three bilious pills over night. She took the pills (which operated thoroughly) and placed the powder under her pillow, where it remained when I visited her the next day, which was her well day. She and the old lady were both fully convinced that she was cured by having the medicine under her pillow, and I could not persuade her that it would be necessary to take it that day. But unfortunately for the reputation of the chloride as a worker of miracles, this marvellous cure did not prove to be permanent,—the fever returning at its regular time the next day. It however, eventually yielded to the internal exhibition of the remedy, in which the confidence of all parties, especially myself—remained undiminished by the first failure. In fact, in every case in which I have administered it, my confidence in its virtues has been increased: the only instances in which it was at all shaken, which only occurred in my earlier experiments, being those cases of apparent failure already mentioned. I think, therefore, that it is not claiming too much for it to rank it with quinine and

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arsenic, the remedies most used in intermittent fever; and it possesses some advantages over either. It may be used more freely than either. It never causes the fulness of the head, and deafness which quinine sometimes does, especially when given in large doses:—or the gastric derangement, œdema, &c., which occasionally arise from the use of arsenic. It is certainly true that both of these are perfectly safe when properly used. The chloride has also the merit of *cheapness*, which is a recommendation, especially when the medicine, as so frequently happens, is to be given away.

As the chloride has so marked an influence over intermittent fever, it would be well to try its effects in the analogous disease, neuralgia, and I intend doing so when a fitting opportunity presents. My experience with it thus far in this complaint, is of rather a negative character. I gave it to a woman for whom I had frequently prescribed, for tic-doloreux, and told her if it did not cure her to come to me again, which she promised to do, and I think would have done if she had not been cured; as she was always troubling me before. I never saw her again. However, I will leave others to draw the inference.

NEWARK, *April*, 25, 1854.

PROCEEDINGS OF MEDICAL SOCIETIES.

Mercer County, N. J.—The District Medical Society for the County of Mercer met on the 18th of April, in Trenton, at the Temperance Hall. Dr. Woolverton presided. This being the annual meeting, the officers elected for the ensuing year were—

President,	-	DR. PHILLIPS of Trenton.
Vice President,		" MCKELWAY,
Secretary,	-	" JOHNSTON,
Treasurer,	-	" QUICK,
Reporter,	-	" ROBBINS, of Hamilton.

Dr. Coleman produced a written communication to prove that miasma is the result of disease in living vegetables, and that it is not produced by the decomposition of dead vegetable matter. It stated that the destructive decomposition of dead organic forms, whether animal or vegetable, resulted in known compounds, which are not regarded as poisons. That the vital processes, changed by disease, frequently generate in animals the most destructive agents. Analogy, it was maintained, would warrant the conclusion, that vitiated vegetable functions may evolve those subtle and deleterious influences, which all experience teaches, arise from situations where living plants, by alternation of wet and dry, shade and sun, are suffering decay.

This paper gave rise to considerable discussion, in which most of the members took part.

The subject proposed for conversation at the next meeting, was "Disturbance of the nerve function." A discussion arose on the choice of subject. Some members thought the diseases of the season, (July), would be of more practical advantage.

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Dysentery was named. This was objected to, as requiring too little investigation, presenting nothing new, being the subject of one third of the theses written for graduation, and a disease every where discussed. A subject that embraced more, that must be regarded in the investigation of every perverted function, and the neglect of which, is mainly the cause of the regular practitioners being over-reached by the different varieties of pretenders, was urged as more fitting the Society. Under these views it was adopted.

Dr. Woolverton was elected Essayist for the next meeting.

A resolution was passed, recommending the New Jersey Medical Society to hold a Special Meeting in May or June next. The Society considered the amount of unfinished business, and alterations in the medical laws of the State, made during the last session of the Legislature without the knowledge of the State Society, of sufficient importance to require a meeting.

Somerset County, N. J.—The District Medical Society of the County of Somerset, held its annual meeting at Somerville, April 27th, 1854. Dr. F. S. Schenck presided.

After the usual preliminary business, Dr. L. H. Mosher signed the Constitution, and was received as a Fellow of the Society.

Dr. J. W. Craig read an interesting report of an epidemic of erysipelas, occurring in the vicinity of Plainfield during last February. The disease assumed a malignant form, and proved fatal in five cases. The account was the more interesting to the Society as epidemic erysipelas is almost unknown among us.

Dr. F. F. Van Derveer read the history of a case of convulsions, accompanied with all the symptoms of the first and second stages of Hydrocephalus, which terminated favorably by an abundant discharge of pus from the nostrils.

After attending to the usual reports, &c., the following officers were chosen for the ensuing year.

President, - -	FERDINAND F. SCHENCK,
Vice President, -	C. C. SUYDAM,
Corresponding Secretary,	J. W. CRAIG,
Recording Secretary,	H. F. VAN DERVEER,
Treasurer, - -	A. SKILLMAN.

Drs. Mosher, Martin, H. F. Van Derveer, and Grey, were chosen delegates to the State Society.

Published by order of the Society. H. F. VAN DERVEER, *Sec.*

Essex County, N. J.—The District Medical Society for the County of Essex, met at the City Hotel, Newark. Dr. A. N. Dougherty, the President, delivered an address on the connection between Literature and Medicine in the 17th century. He reviewed briefly the progress of medicine, from the beginning of the art up to that time, and showed from quotations from their writings the influences which the theories of medicine, then in vogue, had upon Massinger, Shakespeare, Butler, and Moliere. The theories of Paracelus, "the prince of quacks," and founder of the chemical school, who pretended to be able to give immortality by the elixir vitæ, but died at an early age a drunkard, so that it is supposed his elixir was some excellent kind of liquor,—and the opposite theory of Galen, the founder of the botanical school, were those which ruled the age. Many amusing quotations were given from the authors named, and the whole address was peculiarly unique and interesting.

Dr. E. D. G. Smith read an essay on the use of Chloride of Sodium in intermittent

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fever. This practice has been recently recommended by a Parisian physician as a substitute for quinine and arsenic, and Dr. Smith concludes from his experience with it, that it can be used efficaciously. The French Government having offered a reward for a cheaper specific than quinine, Dr. Piorry experimented with this, and arrived at satisfactory conclusions. The essay, though brief, was regarded favorably, and elicited attentive consideration.

Dr. Eyrich read an essay on Digitalis and Tartrate of Potass.

Drs. Wells, Elliott and Elmer, were admitted as members of the Society.

The following officers for the ensuing year were elected:

President,	Dr. L. A. Smith,
Vice President,	" J. S. Crane,
Treasurer,	" William M. Brown,
Secretary,	" William T. Mercer,
Librarian,	" J. F. Ward.

Delegates to State Society.—Drs. E. D. G. Smith, Eyrich, Dougherty, and Elmer.

Delegate to National Medical Association.—Dr. George R. Chetwood.

Reporter.—Dr. William M. Whitehead.

Essayists—Drs. Wells and William Pierson, Jr. [*Daily Advertiser.*

Warren County, N. J.—The District Medical Society for the County of Warren held its annual meeting in Belvidere, on the 25th of April. The attendance was quite full, and the members of the faculty seemed to be in excellent spirits and to feel that the occasion was one of interest.

The following is a complete list of members:—William P. Clark, James C. Fitch, R. Byington, H. Hughes, William Cole, Dewitt C. Wilson, Lewis C. Cook, P. F. Brakeley, S. S. Clark, James D. Dewitt, G. H. Cline, John C. Johnson, William Kennedy, John S. Cook, P. F. Hulshizer.

The following are the officers elected for the ensuing year:—

President,	William P. Clark,
Vice President,	James C. Fitch,
Secretary,	P. F. Brakeley,
Treasurer,	R. Byington.

Delegates to the Medical Society of New Jersey.—S. S. Clark, John L. Cook, P. F. Hulshizer, William Kennedy.

Delegate to the American Medical Association.—P. F. Brakeley.

P. F. Hulshizer was appointed to deliver the Address at the next annual meeting. —*Belvidere Intelligencer.*

Litchfield County, Connecticut.—The annual meeting of the Litchfield County Medical Society, was held at the Mansion House, Litchfield, April 27th, 1854.

Samuel T. Salisbury, M. D., President. George Seymour, M. D., Secretary.

Minutes of proceedings of last meeting read and approved.

Drs. Beckwith and Bostwick appointed Committee to invite Clergymen to dine with the Society.

Drs. Henry M. Knight, William J. Burge, Gaylord B. Miller, J. H. T. Cockey and John W. Bidwell, were admitted members of the Society. William Knight was elected to attend the gratuitous course of Lectures at Yale College.

Eben H. Moore was recommended to the State Convention to fill any vacancy which may occur in other counties for the gratuitous course of Lectures.

Drs. William Welch, Ralph Deming, John W. Bidwell, J. W. Phelps, and A. H. Huxley, were elected Fellows to the State Convention.

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Drs. William W. Welch, Samuel W. Gold, Josiah G. Beckwith, Samuel T. Salisbury, and James Welch, were elected Delegates to the National Medical Convention, to be holden in 1855, and Drs. A. H. Huxley, John Welch, George Seymour, William Woodruff and Manly Peters, were appointed Substitutes.

Drs. George Seymour, Benjamin Welch, Samuel T. Salisbury, D. E. Bostwick, and William W. Welch, were appointed a committee to prepare and report a tariff of fees.

The following were elected officers for the ensuing year.

SYDNEY H. LYMAN, M. D., *President.*
WILLIAM W. WELCH, M. D., *Vice President.*
GEORGE SEYMOUR, M. D., *Clerk.*

The President on leaving the Chair delivered the annual address.

Voted, That the thanks of the Society be tendered to Dr. Salisbury for his interesting address, and also for the able and impartial manner in which he has discharged the duties of his office.

Voted, That the Clerk prepare an abstract of the proceedings of this Convention, and publish it in the newspapers of the County.

Adjourned *sine die*. [*Litchfield Enquirer.*

BIOGRAPHY.

Biographical Sketch of Alexander H. Stevens, M. D., LL. D., Second President of the American Medical Association.

DR. STEVENS was born in the City of New York, September 4, 1789. His father, Ebenezer Stevens, was one of those who threw the Tea into Boston harbour. He entered the Army early, and served to the close of the war. Was at the battles of Saratoga and Yorktown, with the rank of Col. of Artillery. After the war Col. Stevens married a sister of Col. Ledyard, who fell at Groton. She was aunt to Ledyard, the traveller.

At the age of ten years, Alexander was sent to School at Plainfield, where he fitted for College, under the now venerable John Adams. At fourteen he entered Yale College, and graduated with credit in his eighteenth year. Having selected the profession to which he has since done so much honor, he entered the office of Dr. Edward Miller, and after attending one course of lectures in the College of Physicians and Surgeons, and a second in the University of Pennsylvania, he graduated at the latter institution, on which occasion his Thesis "On the proximate cause of Inflammation," was highly lauded by Dr. Rush. In 1811, Dr. Stevens sailed for France, but was captured by an English cruiser, and sent to Plymouth. Thence he found his way to London, and attended the Lectures of Cooper and Abernethy. Next year he crossed the channel, and at Paris followed the cliniques of Boyer and

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Larrey. War meanwhile broke out between the United States and England, and Dr. Stevens was again captured on his way to America and sent to Plymouth. Ultimately, he returned home in a cartel, and was appointed Surgeon in the Army. In 1814, he was chosen Professor of Surgery in the New York Medical Institution, and in 1818 elected Surgeon to the New York Hospital. Here he immediately began to give Clinical Lectures, which he continued with great success for twenty years. On the resignation of the Faculty of the College of Physicians in 1825, Dr. Stevens was appointed Professor of Surgery in that institution. Here, and at the New York Hospital he continued to teach Surgery with great acceptance till 1838, when, on account of ill health he resigned both places, having previously confined his practice to consultations and Surgical operations. The retirement of Dr. Stevens from the active duties of his profession was matter of great regret to his friends, and the officers of the two Institutions which he has so ably served, hastened to manifest their sense of the value of those services. He was appointed by the Regents, Emeritus Professor of Surgery, and by the Governor, Consulting Surgeon to the New York Hospital. His pupils also placed his portrait in the Governor's Room at the Hospital. In 1841, the Regents appointed Dr. Stevens President of the College of Physicians and Surgeons, an office he still holds. In 1846 he was elected President of the New York State Medical Society, and his inaugural Address was ordered by both Houses of the Legislature, and by eminent members of the Bar, to be printed. About the same time he received from the Regents the degree of LL. D. In 1847, he was elected Vice President, and in 1848, President of the American Medical Association. He has been present at most of the subsequent meetings of the Association, always ready to exercise that large measure of influence which his character has secured, in advancing the profession in general and technical learning, in Ethics and in social position. In his own city, and among those brethren who have known him longest and most intimately, he holds a position and wields an influence which nothing but eminent ability could have attained, and nothing but strict integrity and inflexible adherence to honor and duty could retain. Dr. Stevens' publications have been few, and are scattered through the medical periodicals of the last twenty years. As a surgeon he seems not to have sought the reputation of an Operator, but rather to have cultivated a thorough knowledge of the nature and treatment of Surgical Diseases—*content to cure while others sought to cut.*

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BIBLIOGRAPHICAL NOTICES.

SINCE our last issue the death of Dr. Patterson, who was connected directly with this part of our work, has caused a blank, which we feel it difficult to supply. We have on hand, however, a few works for notice, which must lie on the table another month, for want of space in our present number to do them justice. We will name them merely now, with our acknowledgments to the publishers.

HAND BOOK OF CHEMISTRY, THEORETICAL PRACTICAL, AND TECHNICAL. By F. A. ABEL, Professor of Chemistry, &c., &c., &c., and by C. L. BLOXAM, formerly first assistant to the Royal College of Chemistry, with a preface by Dr. Hofmann, and numerous illustrations in wood.

WOMAN; HER DISEASES AND REMEDIES. A series of Letters to his Class, by CHARLES D. MEIGS, M. D., Professor of Midwifery, &c., &c.

THE SCIENCE AND ART OF SURGERY. Being a Treatise on Surgical Injuries, Diseases, and Operations, by JOHN ERICHSEN, Professor of Surgery in University College, &c., &c. Edited by JOHN H. BRINTON, M. D. Illustrated with 311 engravings on wood.

The above are all from the house of Blanchard and Lea, Philadelphia.

REMARKS ON SOME FOSSIL IMPRESSIONS IN THE SANDSTONE ROCKS OF CONNECTICUT RIVER. By JOHN C. WARREN, M. D., &c., Boston: Ticknor & Fields. From the Author.

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EDITORIAL.

AMERICAN MEDICAL ASSOCIATION.

THIS body held its eighth Annual meeting in St. Louis, May 2—4. A full, complete, and reliable report of its proceedings, prepared specially for the NEW JERSEY MEDICAL REPORTER, under the supervision of the Secretary of the Association, occupies a large portion of our present number.

Having neither time or space for extended comment on the proceedings in our present number, we must reserve what we may have to say to another occasion.

From the roll of members it will be seen that the gathering was large, particularly from the Western States. We are sorry that more of our Eastern brethren did not attend, as we feel sure they would have done, had they been fully aware of the facilities of travel, and the cheapness of the route. Free return tickets, it seems, were furnished to delegates on all the routes *except* the Hudson River Railroad.

A good deal of business was transacted, and many able reports presented, all of which were referred to the Committee of Publication, and will in due time be presented to us in a printed form.

A majority of the Committee of Publication this year, are residents of New York. We trust they will be prompt in attending to their duties, and that the Transactions will speedily be placed in the hands of members. It has been suggested to us that in former volumes of the Transactions the *minutes* have been incomplete. It seems to us important that they should be published *in full.*

The annual tax on members was reduced this year from five dollars to three. We hope members will bear in mind that this payment insures a copy of the Transactions, which, if not forwarded to them, can be had on application to the Treasurer.

Our St. Louis brethren taxed themselves very heavily, in providing an elegant entertainment for the members. We are happy to announce the prospect of retrenchment and reform in this matter of providing expensive dinners, as by a vote of the Association they were condemned. It would be desirable if *all intoxicating drinks* were *entirely banished* in all these re-unions of the profession.

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The minutes will satisfy our readers, that whatever may be wanting, there is nevertheless vitality enough in the Association to hope for great things from it in the future. Let the good men and true in the profession take hold of this movement heart and soul, uninfluenced by selfish considerations, and it will go on and realize the most sanguine hopes of its projectors. A perusal of the able series of papers on the History of the Association, now in course of publication in this journal, will show how it has gone on step by step, until the little one has now become a thousand.

The Association meets next year in Philadelphia.

A CAPITAL SUGGESTION.

A correspondent writes us as follows. "Would it not be a good idea to get some one convenient to the Records, to make out for the REPORTER a complete history of the Medical Society of New Jersey, with sketches es of its presidents or other members, and a notice of all the District Societies, &c.? I have never seen anything but the meager (though interesting,) notice in the pamphlet containing the Laws of the State Society."

It would most certainly be a good idea; and we hope that this promulgation of it will be sufficient to induce some competent individual to undertake the task.

If the labor is not voluntarily assumed by some one before our next Annual Meeting, we hope that a competent committee will be appointed by the Society to take the subject in hand.

A very readable book might be made of the history of our State Medical Society. Such a history would include some of the celebrated names in our political history as a State. Who will volunteer to the work?

DISTRICT MEDICAL SOCIETIES.

A correspondent from Bergen county informs us that a District Medical Society, was recently organized in that county. We congratulate our Bergen friends on the event, and hope a long career of usefulness is before them.

There remain three or four more counties in which Societies should be formed. What are Middlesex, Salem, and Cape May doing? The physicians of Atlantic, if not sufficiently numerous to form a Society, might unite with the Society of one of her neighboring counties.

Old Middlesex was for many years the center around which the whole

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constellation of District Societies revolved. *She* should not remain indifferent to the work of progress which is going on all over the country.

Why, when quackery is organizing her forces all around us, will not the friends of legitimate medicine in these counties, unfurl their banner, and rally to it?

We hope speedily to be able to record the fact that, Societies have been organized in *every* county of New Jersey.

☞ Secretaries of District Medical Societies are particularly requested to forward us abstracts of the minutes of their proceedings.

THE LATE HENRY S. PATTERSON, M. D.

It becomes our duty to prepare a brief notice of our late associate, Dr. Patterson. His graphic pen has been cheerfully employed since the commencement of the current volume of the REPORTER, in enriching our Bibliographical Department, with reviews and notices, that have been sought, and no doubt appreciated, by a large number of readers; and it now devolves upon us to record his death, and in doing so, to testify to his worth as a man, and his learning as a Physician.

He was born in Philadelphia, on the 15th of August 1815, and in early childhood distinguished himself among his associates, for his activity in play, his industry in study, and his strong attachment to those whom he loved. His educational privileges were not so great as those enjoyed by some others of his day, but what he failed to possess through external advantages, was supplied by means of an overcoming zeal, and power of application, from within. Indeed, his life, to its close, was characterized by a deep, and strong in-dwelling principle, that seemed resolved to conquer difficulties, and supplant opposition. Call it ambition, if we may. Ambition then was the moving spring which impelled him onward. Call it native power, genius, or whatever else. It urged him upward, made him studious, thoughtful, original, and strong in purpose. In pursuit of his object, he was manly, generous, and kind, to those who might be engaged in the same struggle, and yet with his goodness and generosity of heart, there was a powerful will to succeed, and if possible to excel. In the Spring of 1839, he received the degree of M. D. from the University of Pennsylvania, his private instruction having been conducted in the office of our honored father, the late Dr. Joseph Parrish, of this city, who, in imparting the principles of medicine to his students, never failed to convey lessons of high-toned professional probity and strict morality, by precept, not only, but by an example, the in-

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fluence of which is still felt in the profession, and is cherished by the living hundreds of his pupils, with affectionate remembrance. Patterson possessed it in copious measure. Retiring in disposition, amiable in temper, patient amid the toils and privations of professional life, he was scrupulous to avoid hurting the feelings or injuring the reputation of his professional associates, and yet keenly sensible of an attempt at arrogance, or assumption on the part of others. In the year 1843, he received the honorary degree of A. M., from Newark College, Delaware. His appointments, for a man of his years, and his scientific labors, were more than fall to the lot of most. Soon after graduation, he was chosen one of the House-Physicians of the Philadelphia Hospital, Blockley, where he remained two years, preparing himself by the experience thus afforded, for entering the arena of public professional life. In the midst of a great city, the young physician, surrounded by a host of competitors in the same pursuit, and by those of position, name, wisdom, popularity, and eminence, may well feel his heart to tremble with fearful agitation, as he looks into the unknown future, if not inspired as was he, with a deep consciousness of an up-rising genius, that swells his soul, and makes it strong with hope, and restless for victory. Not for a vain triumph over friends, or a conquest that would laugh at the calamity of enemies; but for a victory over adverse circumstances, and obstacles, however portentious they may be. With this determined spirit, the offspring of native genius; and a strong moral principle, the robe that covered it, did he begin his career of active life. May we not repeat the poet's words, and apply them here!—

> "A noble mind, unconscious of a fault,
> No fortune's frown can bend, or smiles exalt:
> Like the firm rock that in mid-ocean, braves,
> The roar of whirlwind, and the dash of waves."

Leaving the office, the University, the Hospital, and engaging in practice, we find the subject of our notice, physician to the Philadelphia Dispensary. In 1843, Professor of Materia Medica in the Pensylvania Medical College, performing during the first year of service, the additional duty of the Professor of Chemistry. In 1846, physician-in-chief to the Blockley Alms House, continuing at the same time his lectures at the College, and adopting while there, changes in the police of the Institution, which were particularly salutary to the insane, as well as advantageous to the general regulation of all departments. He retained his place in the Hospital two years, though he continued to hold his Professorship until the prostration of his physical powers by chronic dis-

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ease, compelled him to relinquish his post. Upon his resignation, the Faculty, by a unanimous vote, made him Emeritus Professor of Materia Medica, as a mark of their esteem, and confidence. In 1852, he visited Europe, but without much advantage to his health; though it afforded him an opportunity, which, to a mind like his, must have been grateful, of meeting with many distinguished persons, and of adding to his store of varied knowledge. In 1853, he spent the winter in Florida, but without improvement, and returned home to enjoy the solace of domestic affection for a season, to see his friends once more, still to pursue, on his bed of suffering, the impulses of his genius, undimmed by disease—untamed by pain; to scatter with his dying hand a few more trophies of a spirit unconquered, upon his pathway to the grave. While confined to his bed, he wrote the inimitable biography of the late Dr, Samuel George Morton, and two critical notices of the "Types of Mankind." One of these was published in the last number of this Journal. All his previous Bibliographical Notices for the REPORTER, were written in his chamber. We will view him at this point for a moment, where we now are—in his chamber. We saw him, wasted by disease, and yet firm in mental power. He spoke to us of his sufferings, as a victor speaks of conquered enemies: they may have been strong, but the mind had soared above them. His words were few, but they *spoke*. Some words sound only; *his*, uttered meaning. As he entered the stream that separates the noise of time, from the stillness of eternity, and felt its waters to chill his blood, and its cold waves to approach the centre of life, the spirit still seemed to hold its gaze upon an unending existence, and with a firm and steady, yet quiet advance, he passed away, and left these words of the Psalmist to answer the question—How did he die? "Thy rod and Thy staff, they comfort me." Thy rod for discipline, Thy staff for support; they both comfort me.

A word about his acquirements. In the profession of his choice Dr. P. was thoroughly versed. Its history was familiar to him; and in discussing the doctrines of those who have given to our profession its *caste*, in times ancient, and modern, in all countries, he seemed quite at ease both in social intercourse, and in the lecture room. His knowledge of the Latin and Greek languages enabled him to cull from the past, much that was embellished by his own rich style, in the various literary and scientific productions which have emanated from his study. The Hebrew he knew so familiarly as to be able to read with a critical eye, its translations, and to dwell upon the imagery of this virgin tongue with delight and profit. In the modern languages, he was quite a proficient.

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The French, German, and Italian, he read and spoke with ease, and had so acquainted himself with the classical poetry of the latter, as to be always ready to render quotations off-hand, but without ostentatious effort at display. In Egyptian philology he found much to interest his taste for studying oriental symbolisms, and had his life been prolonged, he would probably have published his notes on the subject. In the practice of his profession he was gentle, kind, and skilful.

HIS DISEASE. When a prominent member of our profession passes from earth, it is expected that his disease should be known to his professional friends, and that the post-mortem revelations made by the scalpel, should be the common property of the profession. With a few exceptions, we believe this is usually the case, and we admire the devotion to science, manifested by domestic and personal associates who cheerfully allow the profession to use these means for advancing the common interests of our race. In presenting the following statement, we do not write from any examination into the disease of Dr. Patterson, made by ourself, but from information obtained from his physician, friend and colleague, Prof. Darrach, of this city. In April of last year, (1853,) Dr. Darrach made a critical examination of his case, and gave to his family, and friends the following diagnosis, which was repeated before the College Class, in an introductory lecture, delivered in October last, as a reason for Dr. P's resignation from the Faculty. He declares his retirement to be owing to "pleuritic and cordal sequelæ of rheumatismal influenza, which, however much it embarasses the mechanism of the arterial circulation, and emaciates, and weakens, has not lessened the pulmonary function, nor in the least abated his emotions, passions, and intellect." Dr. P., was exposed during a stormy night in 1844, and "contracted an influenza which established a liability to attacks of neuralgic rheumatism." There followed upon this an "insidious, painless, chronic pleurisy, which plastered down the right lung; and subsequently, a similar persistent transmutation was made upon the valves of the heart, to embarrass their action." These sequalæ, according to Dr. D, "occasioned an atrophy of the right, and a vicarious enlargement of the left lung, which displaced the heart to the middle sternal region of the right side of the chest."

THE AUTOPSY. Thirty hours after death, the emaciated frame was exposed for dissection, and the following appearances are reported. (The cranium was not examined.) "*Thorax*—heart, moderately enlarged, displaced towards the right side, extending one and a half inches beyond the articulation of the right ribs, with the cartilages,—pericardium healthy, about two ounces of fluid in the cavity,—right cavities; auricle,

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filled with a very dark colored heart clot; endocardium, normal; walls thinner than normal—ventricle, walls thinner than normal—tricuspid valves not affected—clot clinging to cordæ tendinæ—semilunar valves of pulmonary artery red, thicker than normal, and fleshy to feel—long clot in the pulmonary artery—left cavities; auricle empty—endocardium normal, except mitral valves, which were thickened with deposits; the deposits being in lumps or beads, along the edges, and causing the valves to curl upon themselves. Ventricles, nothing peculiar. Valves of aorta, red, thickened, and fleshy to feel; the redness of these valves, together with those of the pulmonary artery, could not be washed off by water, and they presented a stroug contrast with tne color of the rest of the lining membrane of their respective arteries. This condition was more morbid in the valves of the aorta than in those of the pulmonary artery.

Lungs—right, firmly bound down by adhesions; being almost one fourth the natural size. The lateral diameter greatly diminished: the vertical slightly. At the apex, the air vesciles were very much dilated, and few in number; the great portion of lining tissue being absorbed. No evidence or sign of tubercle. Lung did not crepitate, the lower portion being tough and carnified. It contained air sufficiently to float it in water. At the postero-inferior portion, was a patch of cardaceous membrane of about the sixth of an inch in thickness. Left lung adherent, but by no means as firmly as was the right; hypertrophied and crepitant throughout—much congested and œdematous. No evidence of tubercle in any part of the organ. The adhesions of both lungs were so firm, that much of the costal pleura was torn out in the attempt to liberate them. Bronchial tubes. Fine injection—fibrous appearance internally, with hypertrophy of follicles.

April 28th, 1854."

We have attempted thus to bestow upon the memory of one with whom we were associated as a co-worker, a humble tribute of esteem, by presenting a faint picture of his mind in its vigor, and nobility, during life; in its calmness in the hour of dissolution, and of the frail mortality as it yielded to the grasp of an unconquerable malady, with a pathological description drawn by his friend and physician.

We would have been glad to have accompanied this notice by a portrait of the deceased, but previous engagements will not permit our doing so now.

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ABOUT OURSELVES.

☞ THOSE who peruse the present number of the REPORTER, will perceive that it is a valuable one. The number and variety of the original communications,—the reports of Transactions of local medical societies, all having a general, as well as a local interest,—the Book notices, and Editorial,—the special and full report of the Transactions of the American Medical Association—and finally, the admirable and correct likeness of our distinguished countryman, A. H. Stevens, M. D., of New York, (engraved expressly for the REPORTER,) combine to make this a rare number.

We will say to our readers, that the expense of getting up such a number is *very great*, and notwithstanding the fact that our subscription list is encouragingly large, and still increasing, we need all the influence they can each bring to bear to increase the number of subscribers, and thus give us the means not only to carry out the plans we have already laid out, but to enable us to institute new ones, *which we will do as fast as our means will warrant*, to make our Journal useful and attractive. There is no other medical journal we believe, in the world that furnishes its readers with *steel* engraved likenesses, with biographical sketches of distinguished medical men.

We have already published four steel likenesses, besides one engraved on wood, and the July number will contain the portrait and a biographical notice of the venerable John C. Warren, M. D., of Boston, while several others are expected to appear before the close of the current volume.

Will not our readers who are not subscribers, encourage us by sending in their names, and will not our *old friends* labor a little for us?

To those who are in arrears, we would say that while we send out such numbers as this, we shall not be backward about sending them reminders of their indebtedness. They will find us an inveterate dunn—but do we not use the money well when we get it?

☞ We have considerable matter on hand for the next number, among which are papers on *Cynanche Trachealis*, by William Johnson, M. D., and on *Placenta Prævia*, by O. H. Taylor. M. D.

Will not our correspondent in Montezuma, N. Y., communicate with us in regard to procuring fresh vaccine virus from the cow?

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AMERICAN MEDICAL ASSOCIATION.

PROCEEDINGS OF THE SEVENTH ANNUAL MEETING, HELD IN ST. LOUIS, MISSOURI, MAY 2d, 1854.

Specially Reported for the New Jersey Medical Reporter.

In the morning at 11 o'clock the Association convened in Verandah Hall.

In the absence of the President, Dr. Jonathan Knight, of Connecticut, Dr. Usher Parsons of Rhode Island—the senior Vice-President—called the Convention to order, and announced that the Vice-Presidents and Ex-Presidents were entitled by courtesy to seats on the platform.

Dr. Edwin S. Lemoine, of St. Louis, took his seat as Secretary. The following letters from Dr. Knight, President, and Dr. Beadle, Senior Secretary, and also a communication from Dr. John G. Adams of Paris, were then read by the Secretary.

NEW HAVEN, Conn., April 25, 1854.

To EDWIN S. LEMOINE, M. D., Secretary of the American Medical Association, St. Louis, Missouri.

DEAR SIR: As the time is near at hand for the assembling of the American Medical Association, it is proper for me to inform you, and through you, the members of the Association, that it will not be in my power to be present at the annual meeting. I have come to this conclusion after much reflection, with great reluctance. The meetings of the Association have always been periods of high gratification to me.

The acquaintance there formed, and the intercourse had with the members of the profession from every part of the country, have been among the most gratifying events of my life. I have looked forward to the annual meeting of this year, with the anticipation of unusual satisfaction. There was a portion of the country new to me, to be visited: there were members of the profession, probably in large numbers, few of whom were known to me, to become acquainted with, in addition to the ordinary attractions of the meeting, which made me strongly desirous for my own sake to be present.

At the same time, I feel the full weight of the obligation to attend the meeting this year, arising from the high honor which has been conferred upon me by the Association. Perhaps no one so little deserving, has received so many and so great favors from the medical profession, and I take this opportunity to renew my acknowledgments for these favors.

It is with no ordinary emotion that, although absent, I greet those of my professional brethren who will be present at St. Louis. I do this with the most cordial feelings, and with the strongest wishes for their welfare. Allow me, also, to express the confident hope that their wise deliberations will result in the promotion of the best interests of the profession, and advantage of the country, and to ask that the blessing of God may rest upon their labors.

With esteem and respect, your ob't servant, J. KNIGHT.

NEW HAVEN, April 15th, 1854.

To USHER PARSONS, M. D., Providence.

MY DEAR SIR: As the time is near at hand for the meeting of the American Medical Association at St. Louis, it is proper for me to inform you that I shall not probably be able to attend it. Matters of a purely personal nature will, I suppose, deprive me of that pleasure. As you are the Senior Vice-President of the Association, I trust you will be present and perform the duties which will devolve upon you. I give you this early notice that you may have time to prepare such an address as may be proper for the occasion. That you will do this as you do everything else, (in the best manner,) I have no doubt.

With esteem and respect, your obedient servant. J. KNIGHT.

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NEW YORK, April 22d, 1854.

To JONATHAN KNIGHT, M. D., President of the American Medical Association:

SIR: I find myself obliged to announce to you that business, not professional, peremptorily demands my presence in this city till a period subsequent to that fixed for the convening of the Association. This I most sincerely regret, not only because it will deprive me of much anticipated pleasure, but prevent me from discharging all the duties appertaining to the office I hold. Permit me, through you, to convey to the Association the assurance that I am deeply sensible of the honor conferred upon me by twice electing me one of its Secretaries, and that I shall ever rejoice in the increasing prosperity and extending aid and commanding influence to this great National organization. I have the honor to be, most respectfully,

Your obedient servant, E. L. BEADLE.

MARSEILLES, March 19th, 1854.

Dr. E. L. BEADLE, Secretary of American Medical Association:

Please to state to the American Medical Association, at their meeting in St. Louis, that I have presented to the Imperial Academy of Medicine at Paris, the Sixth Volume of their Transactions; that it was received by their most distinguished body with much favor, and that it was referred to a committee for examination and Report (M. Velpeau, Chairman).

I have also promised M. Dubois, Perpetual Secretary of the Academy, to endeavor to procure for the Academy the five previous volumes, and I feel assured the Academy would take much pleasure in establishing a correspondence with our American Medical Association. With great respect, yours truly,

JOHN G. ADAMS, *Permanent Member.*

The President said that the Association having assembled, were ready to hear from the Committee of Arrangements. Dr. James R. Washington, of St. Louis, Chairman of said Committee, now addressed the Convention in substance as follows:—

Mr. President, it is my pleasing duty, in the name of the profession of St. Louis, to welcome our medical brethren of the Union to our young city. To say, gentlemen, that we are delighted to see you, would express very imperfectly the emotions we experience on this occasion. The recurrence of this anniversary is looked forward to by its friends throughout the country with anxiety and hope, and with none of the fears which the original advocates of this Association entertained for its successful operation. Their most sanguine hopes have been fully realized in the good already accomplished—but while so much remains to be done, it is natural that these meetings should be anticipated with great interest. We, of St. Louis, share this general feeling; but we have been expecting this, the seventh anniversary, with great solicitude. This city having been selected as the place for the meeting of the Association, we were desirous that in every respect it should pass off well, and be remarkable for the good done and the interest excited. We have felt all the nervous excitement which is experienced by a young lady making her debut in society. We knew we were asking a great deal when we invited the Association to appoint this meeting here—the older cities of the East having so much to make a visit to them desirable, while we have but little of interest to present. Had we been vain of display, then would it have been premature; but being desirous of manifesting our interest in medical advancement and reform, we were induced to offer St. Louis to the notice of the Association. We feel complimented that the invitation was accepted. We are truly happy at seeing you here, and right cordially do we welcome you—at the same time congratulating ourselves on the event of your being with us. On behalf of the Medical Society of St. Louis he cordially welcomed the gentlemen of the Association to the city, stating that the occasion was looked forward to with a great deal of interest. The fears which had previously existed in regard to the efficacy of the Association had now passed away, in the evidence of the good accomplished. We of St. Louis greet this seventh anniversary of the Medical Society with peculiar interest, and have hoped that it might be remarkable for the interest excited, and in the evidence of good done. We knew that it was asking a great deal of the Association to meet here, and consider ourselves complimented by the occasion. Our city has never served an apprenticeship as a town, but grew immediately out of a village and trading post. We, therefore, feel complimented by your presence, and have cause to congratulate ourselves that our invitation was accepted.

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Dr. Parsons then arose, and spoke in substance as follows.

Gentlemen of the Committee of Arrangements, I thank you in the name of the Association, for the kind welcome which you have been pleased to extend us. We have looked forward with great interest to this occasion, and to the opportunity we now have of taking our brethren of St. Louis by the hand, and in greeting you. Our road has been long, but we have been repaid by beautiful views, and a sight of your flourishing city. We are happy to take you by the hand, and greet you for the purpose of co-operating with you in the advancement of the objects of our Association.

The chair then announced that the business first in order, was to call the roll of Delegates.

Dr. March of Albany, New York, suggested that each gentleman as his name was called, should rise to his feet, at the same time answering to his name—which was approved.

The following list comprises the names of all the delegates and members reported at various stages of the proceedings.

MAINE.

Maine Medical Association,	Joseph H. Eastbrook, Charles Millet.
Lewiston Falls Med. Association,	Sylvester Oakes.
Portland Medico-Chir. Society,	Sumner B. Chase.

NEW HAMPSHIRE.

State Medical Society,	John O. French.

MASSACHUSETTS.

Massachusetts Medical Society,	John Green, A. A. Gould, John Flint, Ephraim Lovell, Benjamin F. Heywood, Alfred Hitchcock, James W. Stone, Charles D. Homans, Francis Minot.
Worcester Co. Medical Society,	J. N. Bates.
Boston Soc. for Med. Improvement,	J. B. S. Jackson.
Massachusetts Gen. Hospital,	D. H. Storer.

RHODE ISLAND.

Rhode Island Medical Society,	Usher Parsons.

CONNECTICUT.

Connecticut Medical Society,	P. G. Rockwell, Nathan B. Ives.
Med. Institution of Yale College,	Charles Hooker.

NEW YORK.

Albany Medical College,	Alden March.
Geneva " "	Joel E. Hawley.
New York Co. Medical Society,	James D. Phelps, Henry S. Downs.

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New York State Medical Society,	Thomas W. Blatchford, R. D. Allen.
Med. Assoc. of Southern Cent'l N. Y	S. H French, Joel E. Hawley.
New York Academy of Medicine,	Lewis A. Sayre.
College of Phys. and Surgeons,	Chandler R. Gilman.
New York Medical College,	E. H. Davis.
University of Buffalo,	James P. White.
Wayne Co. Medical Society,	A. McIntyre.
Herkimer Co. Medical Society,	Caleb Budlong.

NEW JERSEY.

State Medical Society,	L. A. Smith, F. S. Schenck,
Essex District Medical Society,	G. R. Chetwood.
Camden " " "	Richard M. Cooper.

PENNSYLVANIA.

State Medical Society,	John L. Atlee, John D. Ross.
Philadelphia Co. Medical Society,	René La Roche.
University of Pennsylvania,	Joseph Leidy, Joseph Carson.
Pennsylvania Hospital,	George W. Norris.
Medico-Chir. College,	Samuel H. Meade. J. B. Bell.
Philada. Assoc. Med. Instruction,	Francis West.
College of Physicians,	John B. Biddle.
Northern Med. Assoc., Philada.,	N. L. Hatfield.
Chester Co. Medical Society,	Isaac Thomas.
Montgomery Co. Medical Society,	William Corson.
Lancaster City and County Medical Society,	Samuel Keneagy, John Ream, Samuel Parker, Isaac C. Weidler, P. Cassiday, O. S. Mahon.
Permanent Member,	William Keith.

VIRGINIA.

Medical Society of Virginia,	Adam Spitler.

SOUTH CAROLINA.

Medical Society of South Carolina,	J. L. Dawson, William T. Wragg, William H. Ford, J. Ford Prioleau,
State Medical Association,	Robert S. Bailey, William C. Ravenel.
Medical College, South Carolina,	Henry R. Frost, Thomas G. Prioleau.

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ALABAMA.

State Medical Association,	S. W. Clanton.

MISSISSIPPI.

Jefferson Co. Med. Association,	T. J. Grafton.

LOUISIANA.

State Medical Society,	E. D. Fenner.

KENTUCKY.

Med. Dep. Transylvania Univer.,	John R. Allen.
University of Louisville,	Samuel D. Gross.
Kentucky Medical School,	R. J. Breckenridge.
Marine Hospital at Louisville,	J. W. Scott, John Magoffin.
Permanent Member,	Walter A. Norwood.

OHIO.

Wayne County Medical Society,	W. W. Taggart, J. D. Robinson.
Cincinnati Medical Society,	W. T. Taliaferro, L. D. Waterman, M. B. Wright, H. B. Musgrave.
Medico-Chirurgical Soc. of Cin.	Robert R. McIlvain, O. M. Langdon, J. J. Arons, William Clendenin, C. B. Hughes.
State Medical Association,	Amos C. Smith.
Miami Medical College,	George Mendenhall, R. D. Mussey.
Hampden Co. Medical Society,	J. E. Nagle.
Montgomery Co. Medical Society,	I. A. Coons, Joshua Clements.
Belmont Co. Medical Society,	J. T. Updegraff.
Members by invitation,	John W. Bond, L. D. Waterman, Charles Grant.

INDIANA.

Evansville Medical College,	William H. Byford, D. Morgan.
Vincennes Medical Society,	W. W. Hitt.
Permanent Member,	J. L. Mothershead.
Member by invitation,	Edward Murphy.

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MISSOURI.

State Med. Association,	Charles Quarles Chandler, George Engleman, Thomas Reyburn, David C. Tandy, John Barnes, S. Pollak, L. P. Perry, H. A. Prout, David M. Cooper, Stephen W. Adreon, Alexander Marshall, J. W. Wilson, H. Schoenich, William P. Boulware, Isaac P. Vaughan, Hammond Shoemaker, John Laughton, W. A. Jenkins.
St. Louis Medical Society,	S. Gratz Moses, George S. Walker, A. J. Coons, Jas. R. Washington, Edwin S. Lemoine, F. E. Baumgartner, William S. Edgar, W. S. Golding.
Med. Dep. of St. Louis University,	William M. McPheeters, R. S. Holmes.
St Louis Hospital,	M. L. Linton, Charles A. Pope.
Med. Dep. of University of Mo.,	John S. Moore, Joseph N. McDowell.
St. Louis German Med. Society,	Alfred Behr, Adolphus Wislizenus.
St. Louis City Hospital,	E. Y. Bannister, J. B. Johnson.
St. Louis Med. Institute,	J. S. B. Alleyne, John O'Fallen Farrar.
O'Fallen Dispensary,	Charles W. Stevens.
U. S. Marine Hospital, St. Louis,	George Johnson.
Dispensary of University of Mo.,	Abner Hopton.
Pike County Med. Society,	John C. Welborn.
Randolph Co. Med. Society,	R. K. Lewis.
Franklin Co. Med. Society,	J. W. B. Reynolds, Pierce N. Butler.

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La Fayette Co. Med. Society,	J. F. Atkinson, John B. Alexander.
Chariton Co. Med. Society,	M. J. Rucker.
Cooper Co. Med. Society,	George C. Hart.
State Deaf and Dumb Asylum,	A. A. Ryley.
St. Louis Co. Hospital,	Richard F. Barritt, George Penn.
State Prison Hospital,	W. A. Curry.
St. Louis Co. Lying in Hospital,	J. M. M'Keage.
St. Louis Co. Insane Hospital,	Joseph Buron.
Biddle Lying in Hospital,	Charles L. Boisliniere, M. M. Pallen.
St. Louis Quarantine Hospital,	F. P. Leavenworth.
Permanent Members.	A. Litton, Charles W. Hempstead, William Webb.

MICHIGAN.

State Med. Society,	A. B. Palmer, J. H. Beach.
South Western Med. Association,	Andrew Murray.
Detroit Med. Association,	William Brodie.

IOWA.

State Med. Association,	John D. Elbert, Thomas Seviter, John H. Rauch.
Med. Dep. Iowa University,	D. L. M'Gugin, E. R. Ford.
North Western Med. Society,	John F. Ely.
City Hospital, Keokuk,	E. A. Arnold.
Clinton Med. Society,	N. Van Patten.
Keokuk Med. Society,	J. C. Hughes.
Permanent Member,	J. F. Sanford.

ILLINOIS.

State Med. Society,	E. S. Cooper, Samuel Thompson, Rudolphus Reuse, H. A. Johnson, William W. Welch, Samuel Long.
State Med. Society,	W. Henry Davis, S. A. Paddock.
Morgan Co. Med. Society,	David Prince.
Cook Co. Med. Society,	W. C. Quigley, James Bloodgood.

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Knox Co. Med. Society,	James Bunce, J. W. Spalding.
Pekin Med. Society,	J. S. Maus, J. C. Hinsey.
Rush Med. College,	Daniel Brainerd, W. B. Herrick.
Adams Co. Med. Society,	Daniel Stahl, J. N. Ralston.
McLean Co. Med. Society,	George W. Stipp, T. P. Rogers.
Macon Co. Med. Society,	S. Y. Baldwin, S. Y. Trowbridge.
Æsculapian Med. Society,	Thomas D. Washburn.
Alexander Co. Med. Society,	William Wood.
Peoria Med. Society,	E. L. Colburn.
Hospital Sisters Mercy Chicago,	N. S. Davis.
La Salle Co. Med. Society,	Joseph Stout.
Madison Co. Med. Society,	George S. Allen.
Winnebago Co. Med. Society,	Charles W. Clark.
Stark Co. Medical Society,	Hiram Nance.
St. Clair Co. Med. Society,	John B. Gray, James A. Roman.
Permanent Members,	M. Shepherd, Adam Nichols.
Members by Invitation,	W. P. Golliday, L. G. Thompson, W. C. Harrington, S. W. Kincaid, Joseph King, D. Skilling, H. W. Kendall, William Robinson.

WISCONSIN.

State Med. Society,	John B. Dousman, John K. Bartlett.
Western Med. Association,	George D. Wilber.

TENNESSEE.

State Med. Society,	Frank A. Ramsay, H. M. Clements, J. B. Lindsley.
Montgomery Co. Med. Society,	C. R. Dabney, J. L. C. Johnston.
Memphis Med. College,	Louis Shanks, A. P. Merrill.

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Med. Dep. University of Nashville,	William K. Bowling, Paul F. Eve.
Nashville Med. Society,	J. B. Lindsley.
State Lunatic Asylum,	George R. Grant.
Sumner Co. Med. Society,	William D. Haggard.
Permanent Member,	C. B. Guthrie.

MINNESOTA.

Minnesota Med. Society,	John H. Murphy.
United States Army,	Clement A. Finley, A. N. McLaren.
United States Navy,	Ninian Pinkney.
Med. Soc. of Cherokee Nation.	R. D. Ross.

The roll being called, Dr. Parsons, the vice-President announced that the Association was duly organized, and stated the business first in order.

The Secretary now read the report of the committee on Publications—the chairman, Dr. Condie, being absent.

The report, on motion of Dr. Atlee, of Pennsylvania, was laid on the table for future action.

Also, the report of Dr. Condie, as Treasurer of the Association, was read and ordered to lie on the table until audited.

On motion of Dr, White, of New York, a recess of fifteen minutes was taken, to allow the delegates of each state to meet and select one of their number to act as a nominating committee to report officers for the ensuing year.

The Association again came to order, and the following persons were announced as the committee on nominations:

Maine,	Dr. Charles Millet,	*Alabama,*	" S. W. Clanton,
Massachusetts,	" D. H. Storer,	*Louisiana,*	" E. D. Fenner,
Connecticut,	" P. G. Rockwell,	*Missouri,*	" Thos. G. Reyburn,
New York,	" L. P. White,	*Michigan,*	" William Brodie,
New Jersey,	" George R. Chetwood,	*Mississippi,*	" T. J. Grafton,
Pennsylvania,	" Rene La Roche,	*Iowa,*	" D. Seviter
Virginia,	" Adam Spitler,	*Tennessee,*	" J. B. Lindsley,
Minnesota,	" J. H. Murphy,	*Wisconsin,*	" J. B. Dousman,
S. Carolina,	" Thomas G. Prioleau,	*Kentucky,*	" R. J. Breckenridge,
Illinois,	" W. B. Herrick,	*Ohio,*	" O. M. Langdon,
Indiana,	" W. W. Hitt,	*U. S. A. and N.*	" Ninian Pinckney.

The committee on nominations retired for the purpose of selecting candidates for President, vice-President, Secretary, and Treasurer. On motion of Dr. Atlee, of Pa. the hours of sessions of the Association were fixed at from 9 A. M. till 1 o'clock P.M., and from 3 till 6 o'clock P. M.

Dr. Hooker, of Connecticut, moved that the nominating committee be instructed to recommend the place for the next annual meeting of the Association. Approved.

Invitations were now received from the cities of Detroit and Philadelphia, warmly urging the Association to hold its next meeting in those places.

Dr. Brainerd, of Illinois, offered the following resolution.

Resolved, That hereafter the American Medical Association will hold its meetings alternately in the southern, northern, and western divisions of the United States. The resolution gave rise to considerable discussion, and was finally, on motion of Dr. Barnes, of St. Louis, laid on the table.

On motion, the meeting adjourned to meet at 3 o'clock, P. M.

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AFTERNOON SESSION—*Tuesday, May 2.*

The Association met at 3 o'clock P. M. pursuant to adjournment—one of the vice-Presidents, Dr. Henry R. Frost, of S. C., in the chair. The presiding officer then announced that the next business in order would be the reading of the usual annual address of the President, and that Dr. Parsons, of Rhode Island, the senior vice-President would, in the absence of the President, perform that duty.

Dr. Parsons then read the following address.

Gentlemen of the American Medical Association; it has been customary for the Presiding Officer of this Association, on retiring from the chair, to give a valedictory discourse. On the eve of my departure from Rhode Island, our venerable President notified me of his inability to attend and perform this part of his official duty, which deprives us of the rich entertainment anticipated from so distinguished a scholar and professor. The notice being entirely unexpected, I am unprepared to offer you anything worthy of your attention, and my inclination would therefore be to remain silent, but for an apprehension that this course might operate as a precedent to others on similar occasions, I will therefore present you rather as an apology for a discourse, a few thoughts that have suggested themselves while on my way to this city.

In order to promote the honor, dignity and usefulness of our profession, objects for which the Association was instituted, its members must be gathered from all parts of our country, and united into one harmonious fraternity, and must adopt such measures as will promote and perpetuate among ourselves an *esprit de corps*, a conformity of sentiment and feeling, and a combination and co operation in action. This has already been accomplished in a good degree by holding our annual meetings in distant and remote cities of the Union. They must continue to be carried to new and ever varying spheres of action, until their beneficial influence is made available to the whole profession. As the metallurgist in separating a heterogeneous mass of particles passes over it a magnetic bar to attract the pure iron and steel with a force proportioned to its proximity, so must the meetings of this Association, in order to gather into one fold suitable materials of growth and strength, be carried from place to place over the whole mass of our population, attracting from the dross and impurities all that is of value and worthy of reception and incorporation into a homogeneous and efficient brotherhood. These considerations influenced me in voting to accept the invitation to hold the present meeting in Missouri, notwithstanding the toil and fatigue of the journey, and its remoteness from the residence of a large proportion of the delegates. It is here more than elsewhere, that the meetings of this Association are likely to prove beneficial by a rapid enlargement of our numbers.

Whoever glances at a map of the Mississippi Valley, extending from the base of the Alleghany and Cumberland Mountains to the margin of the Rocky Mountains; from the Highlands bordering on Lake Superior, to the Gulf of Mexico, and contemplates the fertility of its soil, its adaptation for cereal productions, which are so necessary for human subsistence and increase, and who surveys the majestic Mississippi, navigable through this whole territory, with its numerous navigable tributaries pouring in their treasures on either side, and adds to this the vast mineral resources, lead, iron, copper and coal, which are far more conducive to healthful opulence than the golden regions of California—whoever, I say, candidly surveys all these elements of future growth, expansion and power, and moved onward by the agency of steam on land and water, and labor saving mechanical manufacturing operations, can arrive at no other conclusion than that this vast territory, the largest and most favored one by nature of any under the whole canopy of Heaven, will, in time, be densely populated with scores of millions, and become the seat of empire of the western world; and that it is destined to be the grand theatre of human progress in every department that is calculated to advance the dignity and promote the happiness of the human family.

And in no department of human affairs is progress here more sure than in medical knowledge. Our Atlantic States have inherited a reverence for European opinions, which, although commendable in our early medical history, is at the present day less favorable to American progress, and discovery in medicine. We need to interrogate nature and experience more, and European opinions less. We need mental as well as political independence—the freer swing of thought and purpose that characterizes our brethren of the West, and which this Association is adapted to call into action.

There is much to encourage you in your recent discoveries and contributions, in the results of the vivisections of Saurians, the half of which, if confirmed by future ex-

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periments, will shed new light on Phisiology: and again, in the discoveries made relating to the process of digestion, by your late lamented Beaumont, of St. Louis, who for the theories and speculations before prevailing, has substituted occular demonstration of the *modus operandi* of that wonderful process, by submitting to it the various articles of human aliment, and determining the length of time required for converting each into healthful chyme; and again, in the successful labors of Drake in traveling from State to State throughout the valley, collecting the history and character of its epidemics by personal inquiry and observation. Others of your venerated dead might be mentioned who have pursued a like independent course untrameled by prevailing European authorities. Of their immediate successors who now stand at the head of their profession, it would ill-become me to speak, seeing that some of them are present and unused to such freedom of remark. But to the junior members of the profession we would say, "unite with us—follow the example of the distinguished pioneers I have named, and of Caldwell and Harrison who have gone to their reward; throw the result of your labors into the common stock of medical knowledge, accumulated by this Association, where, rest assured that they will be duly appreciated to the common benefit of the profession and of mankind, and redound eventually to your everlasting honor and professional fame."

Gentlemen, eight years have elapsed since the preliminary meeting of the Convention which recommended the formation of this National Association, and the results of its labors have equalled the expectations of the friends of reform and progress in our profession. The six published volumns of Transactions have successively increased in value and interest, and are enduring monuments of the ardent zeal and patient industry of the numerous contributors, and there is every reason to hope that our future labors will continue to be crowned with equally increasing success.

Gentlemen, we are reminded by the history of the past year, of the frailty of human life. Death has removed many of the brethren of this Association. Among others its first President, Professor Chapman, of Philadelphia, a veteran teacher in our oldest Medical College—Professor Caldwell, another veteran of great distinction, as a lecturer and an author—Professor Howard, of Ohio, an eminent surgeon, editor of the Ohio Medical Journal, and who was Vice-President of this Association at the time of his decease—Dr. George C. Shattuck, LL. D., Boston, an extensive practitioner, and formerly President of the Massachusetts Medical Society. He was reputed the wealthiest physician in New England, and his numerous bequests to educational, humane, and religious institutions, and private enterprises and charities, proclaim that his philanthropy was proportioned to his opulence.

We are reminded by the return of this anniversary, of the terrible catastrophe that occurred at Norwalk. The Association had received from our brethren of New York a cordial welcome, and were honored with overflowing hospitality. After a delightful and profitable session, the Association adjourned, and many of the members were on their way in cars to their respective homes, in joyous anticipation of rejoining their families, when in a moment, in the twinkling of an eye, seven of them were launched into eternity, leaving us the solemn admonition, that "in the midst of life we are in death." I should deem it a duty on this occasion, to pay a tribute of respect due to their memory, by portraying their many virtues and excellencies as men and as physicians, had I not ascertained that justice will be done them by an abler pen. Our brethren of New York, with characteristic magnanimity, which adds to their claim on our gratitude, immediately on the announcement of the disaster, summoned a meeting and passed resolutions expressive of their deep sorrow at the sad event; and they also appointed a committee to prepare an eulogy on the deceased, to be offered at this annual meeting, and the distinguished ability of the chairman and members of that committee is a sufficient guarantee that justice will be done to the memory of these, our lamented brethren.

On motion of Dr. Atlee, of Pa., the thanks of the Association were tendered Dr. Parsons for his Address, which was then referred to the Committee on Publications, and ordered to be printed with the transactions.

The following report of the New York Committee was read by the Secretary and their recommendations adopted.

TO THE AMERICAN MEDICAL ASSOCIATION.

At a special meeting held in the city of New York, on the 12th of May, 1853, of such members "of the American Medical Association as reside in this city and its

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vicinity, and such as were remaining here from abroad, for the purpose of expressing their feelings respecting the disaster on the New York and New Haven Railroad at Norwalk, in Connecticut, which resulted in the death of so many valuable members of the Association," after adopting sundry resolutions expressive of their sentiments and sympathy with the bereaved, a committee of seven was appointed to devise some suitable method of commemorating the event and the worth and professional character of our lamented associates, and to recommend said plan to the next annual meeting of the Association.

At a meeting of the Committee thus appointed, it was resolved, that in the opinion of the Committee, the most appropriate method of carrying into effect the objects had in view in their appointment, would be by preparing a narrative of the event, together with a brief biographical sketch of each individual, which shall embrace a notice of the birth-place, age, place of education, when and where they derived their medical authority, where located after entering the profession, tastes and habits of life, if any, to what particular branch of the profession devoted, what positions held in the profession, either as professors, presidents or officers of Medical Societies, what literary labors, medical or otherwise, performed, what done to advance the science of medicine; and that such narrative and biographical memoirs be published in the next volume of the Transactions of the Association.

The Chairman and Secretary of the Committee beg leave to state that, although they have taken measures to procure the materials for preparing the Biographical Memoirs, answers to all the letters of inquiry have not been received. In reporting the above proceedings of the Committee to the Association, they would respectfully recommend the adoption of the plan proposed, and, suggest that they be authorized to complete the narrative and memoirs in question, and to transmit them to the Committee of Publication.

To E. L. BEADLE, M. D., Secretary. JOSEPH M. SMITH, M. D., Chairman.
New York, April 24, 1854.

The letter from Dr. John G. Adams, dated Marseilles, March 19, 1854, was again read. On motion, the request was ordered to be complied with.

Dr. Atlee, of Pennsylvania, here made the explanation that the volumes of the Transactions had been forwarded very recently. There not being any of the first edition on hand at the time the order was received, the Committee were obliged to wait until the issue of the second edition.

The following resolutions passed at the annual meeting of the New Hampshire Medical Society were read.

At the Annual Meeting of the New Hampshire Medical Society, holden at Concord, June 1, 1853, the following Resolutions were unanimously adopted:

Resolved, That it is the decided opinion of the New Hampshire State Medical Society, that no Delegate should be admitted to membership in the American Medical Association, who represents a Medical Society which numbers among its members any person or persons who adopt as their system of practice, any form of empiricism.

Resolved, That the Secretary of this Society be instructed to transmit a copy of this resolution to the Secretaries of each of the State Medical Societies, and to the Secretaries of the American Medical Association, previous to their next Annual Meeting.

E. K. WEBSTER, Secretary N. H. Medical Society.

Boscawen, June, 1853.

Dr. Gross, of Kentucky, offered the following resolution, which being seconded, was ordered according to the rules of the Association, to lie upon the table for one year before being acted upon.

Whereas, It is of great importance to the harmony and good feeling of this Association, that its presiding officer should be fully acquainted with parliamentary usages, and the mode of presiding over deliberative bodies; Therefore

Resolved, That that part of the Constitution which relates to the election of officers, be so amended, as that the election shall take place immediately before the adjournment of each meeting, instead of immediately after its commencement.

Dr. Gross offered another resolution, declaring it to be disorderly for any future Committee of arrangements to prepare a costly supper or dinner, for the entertain-

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ment of the members of the Association. Dr. Gross remarked in support of the resolution, that he had the misfortune, perhaps, to live in a small city, where the profession was poor, and unable to go to any extravagant expenditure in the entertainment of the Association, in case it should ever honor his city by holding its meetings there. His resolution, he further said, was prospective in its application, and intended to make no reflection on any arrangements that had been made by the profession of this city.

A warm and spirited debate sprung up on the resolution, in which Drs. Coons McPheeters and Barnes participated.

Dr. Coons approved of the resolution, and the objects it was intended to effect. The cause of science could not be promoted by preparing costly dinners at great expense. The Committee of arrangements in this city, have been at great expense and trouble to make preparations for the reception of the Association, and he thought such efforts and receptions did not tend greatly to forward the ends of the Association. (These remarks elicited some decided evidences of disapprobation.)

Dr. McPheeters deprecated the expediency of dragging such matters before the Association.

A motion to lay the resolution on the table was lost.

An amendment was then offered by Dr. McPheeters, striking out the word "disorderly," and substituting a clause, which modified the resolution, so as to request future Committees of arrangement not to prepare costly entertainments for the Association.

Dr. McIlvaine desired to amend further by a clause prohibiting the use of liquor and tobacco. After some further discussion, Dr. Gross' resolution, with Dr. McPheeters' amendment was carried.

The nominating Committee then entered, and through their Chairman, Dr. White, of New York, reported the following officers for the ensuing year.

For Presidents—Charles A. Pope, of Missouri. *Vice-Presidents*—E. D. Fenner, of Louisiana; N. S. Davis, of Illinois; William Wragg, of South Carolina; John Green, of Massachusetts. *Secretaries*—Edwin S. Lemoine, of Missouri; Francis West, of Pennsylvania. *Treasurer*—D. Francis Condie, of Pennsylvania.

The report was accepted unanimously, and the gentlemen nominated declared to be duly elected.

Drs. D. H. Storer, of Massachusetts; White, of New York; Brainard, of Illinois, and Eve of Tennessee, were appointed a Committee to conduct the newly elected officers to their seats.

Dr. Pope being absent on account of sickness in his family, the Senior Vice-President, Dr. Fenner, presided, and expressed his thanks for the honor conferred, and regretted the absence of the President.

The Chairman then stated that owing to some informality in transmitting the resolution instructing the nominating Committee to select a place for the next annual meeting, the Committee had not acted thereon. It was then moved and adopted unanimously, that the City of Philadelphia be selected for holding the next meeting of the Association.

A series of resolutions were then reported from the committee on publication, to which an amendment was offered, providing that a fee of three dollars should be required of each member annually, to defray the expense of publishing the transactions of the Association, and that the name of any member refusing or neglecting to pay the same, should be erased from the list of permanent members. A spirited and interesting debate sprung up on the amendment.

Dr. Atlee supported the amendment, saying it was only asserting in theory, what

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had always been the practice of the Association. The opposers of the amendment asserted that absence, accident, or circumstances beyond the control of a member, might prevent him from paying his due, in which case, it would be manifestly unjust to strike out his name.

Dr. McIlvaine approved of the amendment: it would make members more prompt and punctual in the payment of their dues.

During the discussion, a motion that the resolutions be acted on separately was lost.

The resolutions were then further amended by providing that the Secretary, before erasing the name of a member, should inform him of his indebtedness, and in this form passed *en masse*, by a unanimous vote.

Dr. Atlee, on behalf of the Committee to procure a stone with a suitable inscription for the Washington monument, reported that he had adopted, at the suggestion of the lamented Dr. Pierson, of Salem, the design for the stone, representing Hippocrates refusing the presents of King Artaxerxes, who invited him to go to Persia and succor the enemies of Greece. The sculpture was on beautiful marble, by Samuel Beck, a young artist of Lancaster County, Pennsylvania, from a daguerreotype copy of Viardot's celebrated picture, presented to him by Miss Abby L. Pierson. The execution of the work is in the highest style of the art, and evinces extraordinary talents in the artist.

The stone is of Vermont marble. The resolution authorizing the movement was adopted at Richmond. There was a lack of funds for the accomplishment of this object to the amount of $400, and members of the Association were respectfully invited to contribute, as they felt inclined, and make up the amount.

At the conclusion of Dr. Atlee's remarks, the members gathered around him to contribute to the sum required to complete the work.

On motion of Dr. White of New York, Dr. Charles Hooker of Connecticut, was appointed Treasurer, *pro tem.*, Dr Condie being absent.

Dr. N. S. Davis, of Illinois, moved the following resolutions, which were adopted.

Resolved, That all motions and resolutions made to the Association shall be presented in writing and signed by their mover.

Resolved, That no member be allowed to speak more than fifteen minutes at one time, nor more than once on the same subject, until all have spoken who wish to do so.

A gentleman now announced that Dr. Pope, the President elect, was in the room. Two of the Committee appointed for that purpose then escorted the President to the chair. He addressed the Association in a few words as follows—

GENTLEMEN—There are occasions when the mouth is dumb, because the heart is full. I am unequal to the task of thanks. Honor, which is valuable according to its source, is in the present case great indeed, for I behold around me the members of a noble profession, the cultivators of a yet nobler science, gathered from the wide extent of our beloved country.

I would that this undeserved and unexpected honor had fallen upon one older and worthier than I, for many such I see before me. In one thing only will I claim equality, for however unworthy in other respects, I yield to none in ardent devotion and ceaseless love to our time honored art. But I will not claim more than I ought. Nor do I misconstrue the honor which your partiality has conferred upon me: for well I feel that it was intended less as an individual compliment, than as one to the West in general, and to Missouri especially. In this view, and for them, and for myself, I return you the warm, unfeigned thanks of a grateful heart. Relying upon your partiality, which has thus elevated me to my present position, and claiming indulgence for any short-comings in presiding over your deliberations, I shall endeavor to acquit myself to the best of my poor ability. Again, Gentlemen, I thank you.

Dr. Storer of Boston, now informed the Association that Dr. Ninian Pinckney one of the Delegates from the United States Navy was present, and would be glad if permission were granted him to address the meeting.

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The request was acceded to, and Dr. Pinckney addressed the Association as follows.

Having been deputed by the present distinguished head of the Bureau of Medicine and Surgery (the successor of the venerable Harris, whose name stands deservedly high as an ornament of the profession which his great talent and extensive acquirements have so long and happily illustrated, and whose place has been supplied by a gentleman of the very first qualification for the office), it is my privilege to congratulate my brethren here assembled in the heart of the great and magnificent West, and mingle in their deliberations—deliberations that have for their object the elevation and efficiency of the medical profession of the United States. There seems to be a peculiar fitness in the place of our assembly. St. Louis is a name too dear to every American citizen to require any eulogy at my hands. The beauty of her location, her commanding influence as the great commercial emporium of the West, her future boundless career of usefulness and honor, carried out in a measure by the talent and enterprise of her citizens—all concur to make her a most appropriate place for the convening of such a body as I see before me. I may therefore offer you my congratulations upon the time and the place, satisfied that whatever tends to exalt science and dignify and ennoble the condition of man, will meet no where a more cordial sympathy or enlightened public sentiment.

In the discharge of my appropriate duty, it will be necessary to remind you that your kind sympathy and earnest co-operation with your brethren of the Navy have already produced the most admirable and desirable results. Twice have the Senate of the United States passed a law conferring rank upon our corps perfectly congenial with our feelings and commensurate with our just rights. You are aware that a bill for the re-organization of the Navy is now before Congress. The Hon. Secretary of the Navy, in a spirit that reflects infinite credit upon his sense of justice, and displays his broad and enlightened appreciation of public policy, and with a view of harmonising the several branches of service, appointed the Chief of the Medical Bureau and a Commander to represent the line and staff officers of the Navy. Their report, satisfactory to both parties, received the cordial approbation of the Secretary, and was by him sent to the chairman of the committee on Naval Affairs in the House. The report was accepted by the committee and is now incorporated into the bill for re-organization. Your report, adopted at your last session in New York, and the recommendation of your own distinguished committee, laid before the Republic of our great and growing confederacy, have been chiefly instrumental in securing this measue of relief to your brethren of the Navy. I, as their representative, tender you my own and their thanks for your manly and efficient action in the premises. We will not doubt that Congress, in responding to your wishes, now clothed with the efficient sanction of the Secretary of the Navy, founded upon the joint report of the two representatives of the line and staff officers, will be prompt to measure out to us the relief we need, and engraft upon the legislative proceedings a principle which must commend itself to every calm and unprejudiced friend of the Navy.

I may have been deemed importunate by some in pursuing with so much earnestness my appeal to your sympathy; but I have studied the elements of the medical profession and the feelings of the American people to but little purpose, if importunity be not deemed a virtue when official honor and dighity are the objects of pursuit.

I have now discharged the specific duty assigned me as the representation of the Medical officers, of the Navy in a matter personal to themselves, yet of high concernment to you all. Our honor is your honor; our dignity your dignity; our rights your rights. This noble sentiment you have unfurled to the gaze of the world, and we are here to thank you for it. You will allow me to say in return, that your honor is our honor, your dignity our dignity, your rights our rights. We shared with you the sincerity and concern that attended your first celebration, when many were desponding and not a few inert and inactive. We had a strong hope that the advancement of the science and the exaltation of our profession would be thereby promoted. We knew that in union there was strength, and that concert of action would be productive of a rich golden harvest, and the sight that this day greets my eye, and the experience of the past, conclusively proves that in this hope we were not doomed to be disappointed.

Gentlemen, you stand upon a lofty eminence—linked by all the ties of brotherhood. Assembled to work, not for the vain and idle purposes of a fleeting hour, but for future ages, you must command the respect and admiration of the world. Personal gratification, personal emolument, personal feeling and private convenience, are all cheerfully sacrificed for the common good.

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In this peaceful though earnest conflict of mind with mind, this blending of calm deliberation with the suggestions of thought, which are accustomed to explore all the heighth and depth of scientific investigation, there must be imparted an increased stimulus to exertion, and a happy exemption from that low and vulgar jealousy which has done more to lower the profession of medicine than aught else beside.

I bid you all hail in this onward and upward career, I come to cheer on your deliberations and participate in your self-sacrificing efforts to raise the standard of medical proficiency; to witness the triumph of talent and argument—not to add anything of my own; and I shall carry back to my brethren of the Navy, the cheering intelligence that union characterized all your proceedings, and efficiency all your actions. You will excuse me it, in my visions of future recollection and honor, I recall, for the expression of our mutual sympathy and condolence, the familiar forms of those who took a prominent part in the doings of our last Association, and parted from us with high hopes and exulting pride; but who, alas! were crushed by the hand of death ere they reached their homes, or were greeted by the smiles of their admiring friends. The calamity that put an end to their bright career, fell with stunning suddenness upon the heart of the whole country. All felt that bright lights were extinguished in the social and professional circle, and all sympathized with us, who best knew the extent of the sad bereavement. Let us build a monument to their memory. They fell in the prosecution of what they, in the noble spirit of chivalry which encircled them, considered a paramount duty. Let it never be said that, while we are yearly occupied in erecting a monument of enduring renown to the profession at large, we are so engrossed with the thrilling and moving scenes of active life, as to forget what is due to death, to such a death, encountered in such a cause. While we write upon the tablet of memory those simple words, "*requiescat in pace*," let us engrave upon the solid marble our sense of the magnitude of our loss; and show to the world that the living stars of the profession know what is due to the illustrious lights that have gone out—gone out, did I say? not so; they can never go out, for the rays of their glory still linger among us to cheer us on in our future career.

A communication was read from L. M. Kennett, Ex-Mayor of St Louis, inviting *all* the members of the Association to his residence that evening.

Also one from Rev. William G. Elliot, President of the Missouri Institution for the Blind, requesting the members to visit at their convenience before leaving the city, that establishment.

On motion of Dr. Atlee, of Pennsylvania, the Committee on Nominations was instructed to report to the Association all the Standing Committees.

The President invited the members to the residence of Drs. Moore, McPheeters and Reyburn.

On motion the Convention adjourned.

May 3—MORNING SESSION.

The Association met at 9 o'clock, and after the reading of the minutes, which were slightly altered, they were adopted. The hour of adjournment on motion, was fixed for this evening, at 4 o'clock.

Dr. Atlee of Pennsylvania, moved that the memorial to the Association from the American Medical Society of Paris be read, which was carried, and the Secretary read as follows.

To the American Medical Association:

We, the Members of the American Medical Society of Paris, beg, through our delegates, to present the following memorial:

The National Association of the United States, has had its origin mainly from the consciousness of physicians of the low state of medical education in our country, and from the desire universally entertained by them, of elevating the standard of medical education and attainment of the medical profession.

We, by our sojourn abroad, from an intercourse with those educated here, have become more painfully conscious of our infirmities and deficiencies at home, and for this reason beg once more, to urge upon the Association the necessity of a change. While acknowledging, however, the superiority of education in Europe, we are far from de-

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siring to arrive at equality by imitating their methods. We therefore beg to urge the following plans for the consideration of the Association:

That in each State there be appointed by the Medical Society of the State, a Board of Examiners, which board shall be chosen every year from members of the Society, and which shall perform its duties the following year, in the place and immediately before the sitting of the Society; that their examinations be public, and that any one whosoever may apply who shall be introduced by a member of the Society, and that no one can hereafter become a member of the State Medical Societies, nor of the American Medical Association, who has not the certificates of having satisfactorily passed such examination.

As to the qualifications to be required of the candidates, we do not think it advisable to enter into particulars. They should not, however, believe in any peculiar doctrines or methods—no certificates of attendance upon courses of lectures should be necessary, but solely the possesion of the necessary amount of medical knowledge to practice their profession with safety and honor.

This plan in no way interferes, with the established schools, its effect upon them could only be salutary. Students would attend those institutions where those branches of a medical education that can only be acquired by attendance upon lectures, are best taught.

All of which is respectfully submitted to the consideration of the Association.

DR. HAMMER, St. Louis, }
Paris, March 21st, 1854. DR. MURPHY, Cincinnati, }

The memorial was referred to the Committee on Publication.

The President now announced that the next business in order was the receiving of the reports of Standing Committees.

Several Committees were continued on account of the absence of the Chairman, viz: Drs. Condie, of Pennsylvania, Arnold of Georgia, Hooker of Connecticut, Jones of Louisiana, Wood of New York, Porcher of South Carolina, Wilson of Virginia, Lee of New York, Engleman of Missouri, Bullitt of Kentucky, Campbell of Georgia, Bolton of Virginia, Taylor of Michigan.

Dr. R. S. Holmes, of Missouri read a synopsis of his report on Epidemic Erysipelas. The report was referred to the Committee on Publications.

Dr. Wood of Philadelphia, through Dr. Carson asked to be excused from serving on the committee which was granted.

Dr. John L. Atlee was not quite prepared to report and was granted further time.

An abstract of the report of Dr. D. J. Cain of S. C. was read by Dr. Wragg, who stated that the report needed some slight alterations to complete it. On motion it was referred, when completed, to the Committee on publications.

Dr. F. A. Ramsey of Tennessee, presented a partial report of Dr. W. L. Sutton of Kentucky, on Epidemics of Tennessee and Kentucky for the last year. The report was referred to the Committee on Publications and Dr. Sutton continued on the Com.

Dr. Reyburn of Missouri asked for further time. Granted. Dr. George Mendenhall of Ohio gave a synopsis of his report on Epidemics of Ohio, Indiana and Michigan. Referred to the Committee on Publications.

Dr. Fenner of Louisiana, stated that owing to his not receiving information of his appointment until recently, he had not been able to finish his report. He then presented to the Association his history of Yellow Fever in New Orleans during the year 1853, and also read an abstract of his unfinished report upon Cholera. Dr. Fenner was requested to finish his report and transmit it to the Publishing Committee.

Dr. Mussey here moved that these reports of the Standing Committees be suspended to allow Dr. M. L. Linton of Missouri to present certain views which he entertained in regard to the pathology and causes of Yellow Fever. The request was granted, and Dr. Linton then endeavored by an able argument to prove the identity in cause and nature of Yellow, Bilious, and other so-called miasmatic fevers.

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Dr. Blatchford of New York, moved that Dr. Linton be requested to draw up a paper expressive of his views, and present it to the Publishing Committee. Carried.

Dr. Brainerd requested further time to make up a full report upon the constitutional and local treatment of Carcinoma.

Dr. N. S. Davis. of Illinois, on the influence of local circumstances on the origin and prevalence of Typhoid Fever, read a brief abstract of his report. Referred to Committee on Publications.

Dr. F. Donaldson of Maryland not being present, a communication was read from him, stating that he had completed his report upon "The present and prospective value of the Microscope in Disease," and asking that it be referred to the Committee on Publications. Granted.

The report of Dr. R. L. Howard, of Columbus, Ohio, upon the pathology and treatment of Scrofula was called for, when his death was announced by a colleague.

A letter was read by the Secretary from Dr. Cabell of Virginia, who had been substituted as chairman on the Committee on Education, instead of Dr. B. R. Wellford, stating that his report was ready, but owing to his recent appointment he had not been able to obtain the aid or views of his colleagues, and therefore the report presented was expressive of his opinions only. At his request it was referred to the Publishing Committee.

Dr. Wragg, of S. C., one of the Vice Presidents, took the chair, and Dr. Pope as chairman of Committee on volunteer communications made a report as follows.

MR. PRESIDENT: The Committee on Prize Essays and Volunteer Communications, respectfully report that the Essays submitted to their consideration were nine in number, of which one was presented as a volunteer communication. The committee have carefully examined the whole of these Essays and bestowed upon them the attention which a sense of the importance of the duty assigned them imposed. They feel free to say that some of these Essays possess undoubted merit, both in matter and style, and they admit in them evidence of high scientific attainment, as well as a familiarity with the graces of composition. But whilst cheerfully according these claims to their authors, the committee have preferred to be governed in their choice by considerations of originality and practical import, rather than of mere theoretic speculation, however finely portrayed. The committee, have, consequently, concluded to award but a single prize. The Essay selected is entitled "An Essay on a new method of treating *ununited* Fractures and certain Deformities of the Osseous System." It bears a motto in French, which being liberally rendered in modern English, reads, "and notwithstanding all the pains I have heretofore taken, I have reason to praise God, in that it hath pleased Him to call me to that branch of medical practice commonly called Surgery, which can neither be bought by gold nor by silver, but by industry alone and by long experience."

If it please the Association I will now break the seal of the packet superscribed by the same motto, and declare the name of the successful competitor.

Dr. Pope then broke the seal of the packet endorsed by the same motto, and announced the name of Dr. Brainerd, of Chicago, Illinois. The announcement was greeted with applause, and on motion Dr. Brainerd was invited to the stand to explain his new mode of treating ununited fractures.

Dr. Hooker, Treasurer, *pro tem*, called the attention of the Association to the resolution adopted yesterday, in reference to the annual assessment—the prompt payment of which he urged, and recommended the appointment of Committees in each State to attend to the sale and distribution of the Transactions of the Association. He also gave notice that he was prepared to receive payment for Vol. 6th of the Transactions.

Dr. Elbert, of Iowa, offered the following resolutions.

Resolved, That a committee of —— members be appointed to recommend to the next annual meeting, any amendments, necessary in their opinion, to the Constitution or By Laws of the Association.

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Resolved, That this meeting instruct said Committee to report a Constitution and By-Laws which shall require the election of officers, and the place of holding the annual meetings to be determined by ballot, and without the intervention of nominating committees.

These resolutions gave rise to considerable discussion and were finally lost.

On motion of Dr. C. B. Guthrie of Kentucky, it was unanimously

Resolved, That in the Secretary of the Treasury's recommendation to Congress to abolish, or materially modify the duty on such crude drugs not producable in this country, as are used in the laboratories of the country in the manufacture of chemicals, we recognize a wise provision for the further protection of the profession, and the community at large from impure and sophisticated medicines.

Resolved, That a copy of this resolution be signed by the proper officers of this Association and transmitted to the Secretary of the Treasury, and to the Committee of Ways and Means in Congress.

Dr. J. B. Johnson, of St. Louis, Mo., now read the following letter:

To the American Medical Association assembled at St. Louis:

Mr. President—At the last meeting of the Association in New York, I presented the following preamble and resolution through my friend Dr. Stewart, of New York, which, with some amendments, were laid on the table.

As we are constantly called upon to deplore the ravages of death among the meritorious and worthy members of our profession throughout the United States.

Resolved, That a Standing Committee be appointed by this Association to procure memorials of the eminent and worthy dead among the distinguished physicians of our country, and present them to this Association for publication in their transactions.

I now beg leave to call up the resolutions through my friend Dr. J. B. Johnson, of St. Louis. The medical biography of our country is intimately related to the history of it, as the lives of eminent men are identified with the history of the times in which they lived. In the United States there have been and are to be found, medical men whose lives and actions are ornaments to human nature, and whose brilliant career in the cause of humanity and science, reflect honor and dignity upon our country. We suffer nothing in this respect, in comparison with the learned and eminent physicians of Europe. The profession of medicine contains more learned and distinguished men than any other profession or calling, and some memorial of their lives and actions should be presented to the world in a more durable form than the periodical journals of the day, and particularly of the newspaper press. A more permanent and proper place for the publication of such memorials would be in the Transactions of the American Medical Association. And without disparagement to any other articles which have heretofore been published in the Transactions, such memorials would be read by the surviving members of the profession with great interest and improvement—short biographies need take up but little room in the publication—and this objection to the proposed movement may be thus obviated.

We are constantly noticing that death spares no ranks or conditions of men. Those who contend most skillfully against his insatiate ravages, themselves fall victims to his all conquering sword. Within a very short space of time, we have been called to lament the deaths of Dr. Nathaniel Chapman, the former President of this Association; of Drs. Samuel G. Morton, William E. Horner, Isaac Parrish, G. S. Pattison, J. Kearney Rodgers, Daniel Drake, the great Medical Pioneer of the West; Samuel McClellan, Amos Twitchell, Abiel Pierson, G. C. Shattuck, Archibald Welch, and very many others which time will not permit me to enumerate.

This is not the place to speak their eulogies; some permanent notice of them and of many others who have recently died, should be published in the Transactions of this Association, where the useful improvements and discoveries of the living should be recorded, and the memories of the worthy dead should be presented.

STEPHEN W. WILLIAMS, late of Deerfield, Mass.

Lavina, Winnebago co., Ill.

The resolutions, on motion of Dr. Johnson were adopted.

Dr. McIlvaine, of Ohio, offered the following resolution:

Resolved, that in the opinion of this Association the practice of professors *reading* lectures to their classes, no matter with how much care selected from the musty records of antiquity, is a miserable apology for teaching—is prima faciæ evidence of their inaptness to instruct, and is inimical to medical progress. Laid on the table.

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Dr. Nagle, of Ohio, proposed that the words "Surgical instrument," be erased from chapter 2d Art. 4th of the code of ethics. The motion was lost.

Dr. F. A. Ramsay offered the following amendment to the Constitution which by the laws lies over to the next meeting.

Resolved, That the Constitution of this Association be so amended as to dispense with the nominating Committee, and the duties of such Committee.

Dr. S. H. French, of New York, submitted the following, which was carried.

Resolved, That a Committee of three be appointed to enquire what state or other society represented in this Association, are in fellowship with irregular practitioners.

A communication was presented by Dr. Blatchford, of New York, from Dr. Spore, of the same state, on the subject of hydrophobia and its connection with the season. As Dr. Spore was not a member of the Association, Dr, Blatchford was on motion, appointed Chairman of a Committee on hydrophobia.

Dr. Joseph N. McDowell submitted the following resolution.

Resolved, That a Committee be apointed to investigate the improvements in instruments for lithotomy, by Nathan R. Smith, Paul F. Eve, and Dr. McDowell.

The resolution after some discussion was laid on the table.

Dr. Ramsay, of Tennessee, made the following motion, which was adopted.

Resolved, That a Committee be appointed who shall be charged with the duty of investigating the charges made against gentlemen in fellowship with this Association, of sustaining proprietary medicines by certificates or otherwise.

Dr. S. M. Smith, of Columbus, Ohio, offered the following resolution.

Resolved, That a Standing Committee of be appointed by this Association on the subject or Insanity, as it prevails in this country, including its *causation* as hereditary transmission, educational influences, physical and moral, social and political institutions, &c. Its forms and complications, curability and means of cure and prevention, &c. Carried.

An invitation was now received from Col. John O'Fallen, for all the members of the Association to an entertainment at his country seat, at 5 o'clock this evening.

On motion, the Convention then adjourned.

AFTERNOON SESSION—*May* 3.

At 3 o'clock Dr. Wragg, one of the Vice-Presidents, called the Covention to order, and stated that the President would not be present during the afternoon.

Dr. White, of New York, offered the following resolution which was unanimously adopted.

Resolved, That the thanks of this Association be presented to Dr. J. Knight, the late President, for the very dignified, courteous, and efficient manner in which he presided over its deliberations, and that he be requested to furnish the usual address for publication.

The thanks of the Convention were also voted to the late Vice-Presidents, Drs. Parsons, Frost, &c., and the late Secretary, Dr. Beadle.

The Secretary then read a report from Dr. George J. Zeigler, of Philadelphia, from the special Committee, authorized at the last meeting to report on a plan for a more general, systematic, and thorough investigation of subjects connected with medical science, concluding with the following resolution.

Resolved, That the American Medical Association hereby recommends all medical societies to establish in accordance with the plan detailed in the report, special Committees for the selection, investigation, collaboration, and publication, of all subjects of interest connected with medical science.

On motion, the report with the resolution accompanying it, was referred to the Committee on Publications, with directions to publish them in the Transactions.

Dr. Atlee stated that he had just received a letter from Dr. Parrish, Chairman of the

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Committee on the Epidemics of New Jersey, informing him that his report was not yet finished, and asking leave to send it to the Publishing Committee, when finished, for publication. Granted.

Dr. Davis, of Illinois, presented to the meeting some specimens of milk, prepared in New York, so as to make a voyage of any distance without losing any of its nutritive qualities. This milk he stated, would if used, prevent many of the diseases of children to which they are subjected by the use of impure milk.

On motion, the Association adjourned to meet at 9 o'clock on Thursday morning.

MORNING SESSION—*May* 4.

Convention met pursuant to adjournment, at 9 o'clock, Dr. Pope in the Chair.

Dr. Seviter, of Iowa, one of the nominating Committee, having left the city, the order of business was suspended in order to allow another to be substituted. On motion, Dr. McGugin was appointed. The minutes of yesterday were then read, corrected, and adopted.

Dr. McPheeters, of St. Louis, stated to the Association that arrangements had been made with all the different Railroad Companies of the country, excepting the New York and Hudson River Railroad Company, to convey the Delegates who exhibited through tickets to St. Louis, a passage back free of charge.

The Chairman of the nominating Committee requested the members of said Committee to meet in an adjoining room.

A communication was read tendering the hospitality of the city of Burlington, Iowa, to those members returning by the upper Mississippi.

Dr. Atlee moved that a copy of the Constitution of the Association be hereafter appended to each volume of the Transactions. Adopted.

The following resolution, offered by Dr. Gross, of Kentucky, was adopted, and Dr. Gross appointed on the Committee.

Resolved, That a Committee of one be appointed by the Chair, to inquire into the causes which obstruct the formation and establishment of our National Medical Literature, and to report on the subject at our next regular meeting, or as soon thereafter as practicable.

The following letter was read by the President—

DR. WASHINGTON, Chairman of Committee of Arrangements;

DEAR SIR—I am authorized by the Directors of the Pacific Railroad, to offer to your Committee the use of the road, at your convenience, in case you should desire to show to the members of the Medical Society that are expected to meet here, the country in the neighborhood of St. Louis, and go a few miles out on what we hope will in time be, *the* road to the Pacific Ocean.

If you will give me one day's notice, I will send out a special train, at such an hour as may suit your arrangements. Very respectfully,

THOMAS S. O'SULLIVAN, Eng. and Sup't.

On motion of Dr. Atlee, a vote of thanks was extended to the Directors of the Pacific Railroad—the invitation accepted, and the time fixed at 10 o'clock, A. M. on Friday.

The following resolution, offered by Dr. J. B. Linsley, of Tennessee, after some debate was referred to the Committee on Medical Education, with instructions to report thereon at the next annual meeting.

Resolved, That this Association earnestly recommend to the few western schools which still retain the rule of making four years practice equivalent to one term at College, the abrogation of said rule, as holding out strong inducement and temptation to young men, to enter upon the practice of medicine with little or no preparation.

Dr. Paul F. Eve, of Tennessee, submitted a resolution, which, after a slight amendment, was adopted as follows—

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Resolved, That a Committee of three be appointed by the Chair, to report at the next annual meeting, the best means of preventing the introduction of disease by emigrants, into our country. Drs. S. H. Dickson, J. H. Griscom, and E. D. Fenner, Committee.

Dr. Linton of St. Louis, offered this resolution, which was referred to the above Committee.

Resolved, That in the opinion of this Association, quarantine establishments afford, no protection to states and cities against the invasion of epidemics, such as cholera and yellow fever.

Another motion of Dr. Linton's, to take the sense of the Convention upon the utility of quarantine, was laid on the table.

Dr. Sayre, of New York, made a motion to withdraw from the Committee on Medical Education, the memorial from the American Medical Society at Paris. Dr. Sayre warmly supported the object of the resolution. A spirited discussion arose, in which Dr. Atlee, of Pennsylvania, Dr. Edgar, of St. Louis, Dr. Elbert, of Iowa, Dr. McIlvaine, of Ohio, and Dr. Paddock, of Illinois, participated.

The memorial was finally, by a large majority, withdrawn from the Committee, and laid on the table.

A communication was received from Dr. Peebles, of Petersburgh, Va., asking to be excused from serving on the Committee on Epidemics of Virginia and North Carolina. Granted.

Dr. Phelps, of New York City, asked and obtained leave to read an abstract of a paper upon the relation between medicine and religion.

The nominating Committee at this juncture appearing, the regular order of business was suspended, to allow their report.

REPORT OF COMMITTEE ON NOMINATIONS.

The Committee of nominations, in fulfilling the duty imposed upon them, recommend the continuance of several of the Special Committees previously created, and the appointment of some new ones. They therefore, submit the following list of Chairmen of Special Committees, with the subjects to them committed:

Dr. Worthington Hooker, of New Haven, Conn.—On epidemics of New England and New York.

Dr. John L. Atlee, of Lancaster, Penn.—On epidemics of New Jersey, Pennsylvania, Delaware and Maryland.

Dr. D. J. Cain, of Charleston, S. C.—On epidemics of South Carolina, Florida, Georgia, and Alabama.

Dr. W. L. Sutton, of Georgetown, Ky.—On epidemics of Tennessee and Kentucky.

Dr. Thomas Reyburn, of St. Louis, Mo.—On epidemics of Missouri, Illinois, Iowa and Wisconsin.

Dr. George Mendenhall, of Cincinnati, Ohio.—On epidemics of Ohio, Indiana and Michigan.

Dr. E. D. Fenner, of New Orleans, La.—On epidemics of Mississippi, Louisiana, Arkansas and Texas.

Dr. James Jones, of New Orleans, La.—On the Mutual Relations of Yellow and Bilious remittent Fevers.

Dr. D. F. Condie, of Phila.—On the Causes of Tuberculous Disease.

Dr. Joseph Leidy, of Phila.—On Diseases of Parasitic Origin.

Dr. A. P. Merrill, of Memphis, Tenn.—On Physiological Peculiarities of Diseases of Negroes.

Dr. Joseph N. McDowell, of St. Louis, Mo.—On Statistics of the Operation of removing Stone in the Bladder.

Dr. F. Peyre Porcher, of Charleston, S. C.—On the Toxicological and Medicinal Properties of cryptogamic plants.

Dr. Daniel Brainard, of Chicago, Ill.—On the Constitutional and Local Treatment of Carcinoma.

Dr. George Engleman, of St. Louis, Mo.—On the Influence of Geological Formation on the Character of Disease.

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Dr. Henry Taylor, of Mt. Clemens, Michigan.—On Dysentery.

Dr. Horace Green, of New York,—On the use and Effects of Applications of Nitrate of Silver to the throat, either in local or general Disease.

Dr. P. Claiborne Gooch, of Richmond, Va.—On the Administration of Anæsthetic Agents during Parturition.

Dr. Charles Hooker, of New Haven, Conn.—On the Diet of the Sick.

Dr. E. R. Dabney, of Clarksville, Tenn.—On certain forms of eruptive fevers prevalent in Middle Tennessee.

Dr. Sanford B. Hunt, of Buffalo, N. Y.—On the hygrometrical state of the atmosphere in various localities, and their influence on health.

Dr. Frank H. Hamilton, of Buffalo, N. Y.—On the frequency of deformities in fractures.

Dr. M. M. Pallen, of St. Louis, Mo.—On puerperal convulsions.

Dr. G. S. Walker, of St. Louis, Mo.—On diseases of the prostate gland.

Dr. H. A. Johnson, of Chicago, Ill.—On the excretions as an index to the organic changes going on in the system.

Dr. Leroy H. Anderson, of Sumterville, Ala.—On Typhoid Fever and its Complications, as it prevails in Alabama.

Dr. W. H. Byford, of Evansville, Ia.—On the Pathology and treatment of Scrofula.

Dr. N. S. Davis, of Chicago, Illinois.—On the Nutritive Qualities of Milk, and the influence produced thereon by pregnancy and menstruation in the human female, and pregnancy in the cow; and also on the question whether there is not some mode by which the nutritive constituents of milk can be preserved in their purity and sweetness, and furnished to the inhabitants of cities in such quantities as to supercede the present defective and often unwholesome methods of supply.

Dr. E. B. Haskins, of Clarksville, Tenn.——On Microscopical Investigations of Malignant Tumors.

Dr. George R. Grant, of Memphis, Tenn.—On the Sulphate of Quinia as a remedial agent in the treatment of fevers.

Dr. R. R. McIlvaine, of Cincinnati, Ohio,—On the Study of Pathology at the bed-side.

Dr. F. S. Cooper, of Peoria, Illinois.—On Orthopædic Surgery.

Dr. Andrew F. Jeeter, of Palmyra, Mo.—On the *modus operandi* of the Envenomed Secretion of Healthy Animals.

Dr. Samuel M. Smith, of Columbus, Ohio.—On Insanity.

Dr. Rene LaRoche, of Philadelphia,—On the Jaundice, Yellow Fever in its diognostical and prognostical relations.

Dr. Charles Quarles Chandler, of Rocheport, Mo.—On Malignant Periodic Fevers.

Dr. S. B. Chase, of Portland, Maine.—On Typhoid Fever in Maine.

Committee on Plans of Organization for State and County Societies.—A. R. Palmer, M. D, Michigan: R. R. McIlvaine, M. D, Ohio; D. L. McGugin, M. D., Iowa; E. R. Peasley, M. D., New Hampshire; Thomas Lipscomb, M. D., Tennessee.

Committee on Medical Literature. Robert J. Breckenridge, M. D., Kentucky; O. M. Langdon, M. D., Ohio; A. A. Gould, M. D., Massachusetts; D. L. McGugin, M. D., Iowa; J. B. Flint, M. D., Kentucky.

Committee on Medical Education.—Wm. A. Anderson, M. D., Alabama; A. Lopez, M. D, Alabama; Andrew Murray, M. D., Michigan; F. A. Ramsey, M. D., Tennessee; R. D. Ross, M D., Cherokee Nation.

Committee on Prize Essays.—R. La Roche, M. D., Pennsylvania; Isaac Hays M.D., Pennsylvania; Alfred Stille, M. D., Pennsylvania; J. B. Biddle, M. D., Pennsylvania; George W. Norris, M. D., Pennsylvania; Joseph Carson, M. D., Pensylvania; Joseph Leidy, M. D., Pennsylvania.

Committee of Arrangements.—Isaac Hays, M. D., Pennsylvania; G. Emerson, M.D., Pennsylvania; Wilson Jewel, M. D., Pennsylvania; Alfred Stille, M. D. Pennsylvania; J. B. Biddle, M. D., Pennsylvania; Francis West, M. D., Pennsylvania; William V. Keating, M. D., Pennsylvania.

Committee on Publication.—Pliny Earle, M. D., New York; D. Francis Condie, M. D., Pennsylvania; E. S. Lemoine, M. D., Missouri; Francis West, M. D., Pennsylvania; Alden March, M. D., New York; E. H. Davis, M. D., New York; C. R. Gilman, M. D., New York.

Dr. Reyburn, of St. Louis, moved that the report be adopted, with the exception of that portion which refers to the Committee of Publication. He remarked, in support of the resolution, that he saw no reason why the publication of the proceedings of the

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Association should be changed from Philadelphia to New York, as was evidently intended by placing the Philadelphia portion of the Committe in the minority. He did not think the business would be any better done in New York, and as long as the old Committee performed their duty well, he did not see the necessity of the change.

A lengthy and warm debate arose upon the resolution of Dr. Reyburn. Drs. Sayre, of New York; Eve, of Tennessee; Paddock, of Illinois; Herrick, of Illinois; McPheeters, of St. Louis, and Davis. of Chicago, opposed the resolution, and Drs. Storer, of Boston, Reyburn, of Mo., and Atlee, of Pennsylvania, supported the resolution.

On motion of Dr. Sayre, the Association resolved itself into a Committee of the whole, for the purpose of considering said report of the Standing Committee.

Dr. Elbert, of Iowa, was made chairman, and the discussion was renewed with greater ardor.

On rising, the Committee of the whole, through the chairman, reported in favor of Dr. Reyburn's resolution, and on motion of Dr. Atlee, the recommendation of the Committee of the whole was adopted.

The Association adjourned to meet at three o'clock.

AFTERNOON SESSION—*May* 4.

The Convention met at 3 o'clock. Dr. N. S. Davis, one of the Vice-Presidents in the chair.

Dr. Atlee, of Pennsylvania, moved, that this Association earnestly recommend to their medical brethren, in the states in which Societies do not exist, the immediate organization of State and County Societies. Adopted.

The following resolution of Dr. Ramsay, of Tennessee, was, on motion of Dr. Coons, of St. Louis, laid on the table.

Resolved, That while this Association reserves to itself the right of expressing through reports of Committees, or by resolutions, its appreciation of professional qualifications, or of medical education; it is far from assuming the position of guardian of Medical Schools.

Dr. Breckenridge, of Kentucky, read a resolution of Dr. Lindsley, of Tennessee which being amended by Dr. Smith, of Columbus, Ohio, was adopted as follows:

Resolved, That hereafter, every paper received by this Association and ordered to be published, and all plates, or other means of illustration, shall be considered the exclusive property of this Association, and shall be published and sold for the exclusive benefit of the Association.

Dr. Byford, of Indiana, offered a resolution to change the names of Committees on Epidemics, so as to read "Committees on prevailing diseases." Ordered to lie over to the next meeting. Dr. Gross, of Kentucky, obtained leave to inform the Convention that the second volume of the late Prof. Drake was in press at Philadelphia, and would be issued the present summer.

The second volume is on Practical Medicine, and is entirely independent of the first.

Dr. Phelps of New York, now claimed the privilege which had been granted in the morning session to read the following abstract of a paper.

"The document I hold in my hand purports to be an abstract of a paper which traces the connexion existing between medicine and religion in its origin and progress, and might receive the following style, to wit:

"Religion an Element in Medicine, or the duties and obligations of the profession."

It naturally divides itself into parts; the former is mainly pictorial, the latter suggestive and practical. The general scope and bearing of the subject may be embraced under the following heads, viz:

The substance and general outline may be stated in the following propositions:

1. A recognition of the complex nature of man, his immortality, free-agency, natural religious propensities, and susceptibility of indefinite intellectual improvement.

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2. That medicine, or the art of healing, as an art, must have been of very ancient origin, probably coeval with, or shortly subsequent to, the Fall of Man; but, as a science, of much later date.

3. That the earliest authentic record of medicine and the profession, and the collateral art of the apothecary, is to be found in the Bible, and localized in Egypt, the great depository of learning and art in that early age.

4. That among the Israelites under the Theocracy, and down to the time of the Apostles, medicine and the profession, were more or less identified with, or under the direction of, patriarchs, prophets, priests and evangelists, or other prominent and good men.

5. That the Greeks, though idolaters, were nevertheless deeply imbued with a sense of the claims and sacred obligations of their religious rights, and that Hippocrates and his disciples, as evidenced in the celebrated oath bearing his name, avouched the highest religious sanctions in entering upon the responsible duties of the profession of medicine.

6. That through the long night of the dark ages, the convulsions, the vice and downfall of nations, science, medicine, and religion feel the shock—languish and struggle for an uncertain existence, but are not destroyed: and with the dawning of the reformation and the consequent revival of learning, and the spirit of free inquiry, the arts, science and medicine as well as religion, receiving new impulses extend their domains, freedom of thought develope, new elements of improvement, and the commonwealth of letters measurably disenthralled, gives lustre and momentum to knowledge, and high promise of success to succeeding generations.

7. The art of printing—the discovery of a new continent—of the circulation of the blood, and the publishing to the world the great principles of the Newtonian philosophy, together with the more general diffusion of the doctrines of the Reformation, gave new and increased energy and extension to thought, science, medicine, and the arts of civilized life, during the period included between the last half of the fifteenth and near the close of the seventeenth century.

8. That still another and brighter era dawns upon the world in the last half of the eighteenth century, in ascertaining the identity of the electric fluid and lightning—the discovery of galvanism, of carbonic acid gas, oxygen gas, and the consequent development of the broad field of pneumatic chemistry, and pari passu with these, the increased diffusion of Christian principles and benevolence as exhibited in the Bible, and other kindred Societies—hospitals, almshouses, asylums, and other numerous charitable institutions—very much of the efficiency of which depends upon the science, the time, the sacrifice and exposure of the medical profession.

9. That the scientific, and other general developments of the last fifty years have been rapid above all human conception; every department and enterprise feels the mighty impulse, nor an ocean or continent escapes the scrutiny of the age. The long standing problem proposed by Columbus, of a Northwest passage is solved. Air, steam, and electricity yield subserviency to the will of man and execute his pleasure. Time and space are measurably annihilated. Remote parts of the country are brought into neighborhood. Intercommunication, hitherto so difficult between distant nations, is facilitated; the benign principles of the Gospel wend their way; and hence the indication of the early universal diffusion of light and knowledge, and the final mental emancipation of our race.

10. That in elaborating the world's destiny Religion is the great and all pervading element, and that even now it exerts a controlling or modifying influence, commanding the homage and respect, either directly or indirectly, of all classes and professions.

11. That this influence is felt and receives the sanction and ackowledgment not only of the profession, as evidenced in our code of ethics, but specially also as witnessed in lectures, professors and presidents in their addresses, and other official acts in our colleges and schools of medicine.

12. That this moral influence as a necessary sequence in professional intercourse with the people and with each other, is exerted on man, complex in his nature, consisting of soul and body, and these reciprocal in their action and influence, and contingent in results here and hereafter, more or less upon professional intervention in the treatment of disease.

13. That hence we deduce inferentially, the solemn and responsible professional relation existing between the physician and his patients, and that in consonance both with the requirements of our code of ethics and the judgment of those high and honored in the profession, it is obligatory on the practitioner in grave disease, seasonably

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to take the initiatory demanded either for business arrangements, or leading to that consolation which religion can afford:

14. That the prudent and discreet inculcation of the truths of the Gospel and the method of man's redemption by a mediator, instead of exerting an injurious effect upon bodily disease have often quite a contrary tendency, arresting the attention of the patient—leading to a different train of thought, and thus sensibly relieving anguish of mind and pain of body—begetting trust, confidence and joy, and often ending in fatal cases in a peaceful and triumphant death.

15. That from the general scope of the subject, the compound nature of man, his eternity, accountability, religious propensities, intellectual susceptibility and the reciprocal action of body and mind in health and disease, the doctrine is educed of the paramount duty of the profession to their patients not only as regards the body in disease, but also the higher interests of the immortal spirit. And hence, also the just claim of Religion, the great anæsthetic of the immortal mind, to be considered an element in medicine or the healing art.

The foregoing propositions are enforced by such considerations and reflections as are suggested in support of the general subject. JAMES L. PHELPS,
City of New York.

A motion to lay on the table was lost.

Dr. Atlee then moved that it be referred to a special committee. Adopted, and the chair appointed Drs. Atlee, Sayre, and March of Albany.

On motion of Dr. Smith of New Jersey, the regular order of business was resumed.

Dr. Eve moved that the matter relating to the report of the Committee on Nominations, and the blank occasioned by the amendment of Dr. Reyburn, which was adopted in the Committee of the Whole, be referred back to the Nominating Committee for the purpose of filling up the blank. Lost.

The question then recurred to the original report of the Committee. Several amendments were offered and lost.

A warm and animated discussion grew out of this question, which was participated in by Drs Breckenridge, Atlee, Storer, Sayre, McDowell, of St. Louis, White of Buffalo, and several others, which resulted in the adoption of the original report of the Committee on Nominations.

On motion of Dr. White, of New York, it was unanimously

Resolved, That a vote of thanks be returned to the late Publishing Committee for their best endeavors to serve the Association.

The following communication was then read—

The delegates from Philadelphia feel themselves authorized to resign, in the name of Dr. Condie of Philadelphia, the office of Treasurer of the Association.

(Signed) RENE LA ROCHE, on behalf of the Philadelphia delegation

The resignation of Dr. Condie was accepted, and on motion Dr. Charles Hooker of Connecticut, was elected Treasurer.

Dr. Hooker declined, and his resignation was accepted.

Dr. F. West of Philadelphia, tendered his resignation as Secretary. It was refused.

A resolution was unanimously adopted, tendering the thanks of the Association to to Dr. Condie for the able and thorough manner in which he had performed the arduous duties as Treasurer.

On motion of Dr. Breckenridge of Kentucky, it was

Resolved, That hereafter, the majority of the Committee on Publications shall be selected from among the Physicians of that city in which the Association may annually meet.

A motion to amend the Constitution, providing that the Association meet on the second instead of the first Tuesday of May, was laid on the table for one year.

A resolution of thanks was unanimously tendered Dr. Ninian Pinckney, for the able address delivered by him before the Association.

Dr. J. K. Bartlett of Wisconsin, moved, and it was unanimously adopted that the

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thanks of the Association be tendered the Committee of Arrangements, the Physicians of St. Louis, and the citizens for their kind hospitalities, which they have extended to its members during their session in this city.

The thanks of the Association were also voted to the several Steamboat and Railroad Companies that had so generously offered a free passage to members returning from the Convention.

Dr. W. W. Hitt of Indiana, offered the following—

Resolved, That a Committee of —— members be appointed to examine into and report upon the effects of Alcoholic Liquors upon the human system in health and disease.

Adopted and referred to the Nominating Committee.

Dr. Blatchford was nominated as Treasurer, by Dr. White in behalf of the Nominating Committee. Dr. Blatchford declined serving, and subsequently the Committee reported the name of Dr. Isaac Wood of New York. They also reported the name of Dr. William D. Haskins of Richmond Virginia, as chairman of the Committee on Epidemics of Virginia and North Carolina, instead of Dr. Peebles resigned.

The resolution of Dr. Hitt in reference to alcoholic drinks was reported back by the Nominating Committee, referring it to a special Committee consisting of Dr. Mussey.

A letter from Dr. Englemann of St. Louis was read requesting to be discharged from the committee on the influence of Geological formation on the character of disease. His request was not granted.

Dr. J. B. Lindsley offered the following resolution.

Resolved, That the too prevalent practice of Professors in Medical Colleges recommending their own writings and editings as text books for their students, is in the opinion of the Association a serious evil tramelling as it does, the student in his choice of books, and promoting the publication and circulation of works of inferior merit.

On motion it was laid on the table.

A vote of thanks was returned to Dr. Hooker, Treasurer, *pro tem.*

On motion the Convention adjourned *sine die*.

The President, Dr. Pope, wished the members all a safe return to their families and friends, and expressed the earnest desire that they would all meet again at Philadelphia, next year. He then declared the Association adjourned.

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THE

NEW JERSEY MEDICAL REPORTER.

VOL. VII. JULY, 1854. NO. VII.

Cynanche Trachealis. By WILLIAM JOHNSON, M. D.

[READ BEFORE THE DIST. MED. SOCIETY OF HUNTERDON CO.]

GENTLEMEN:

Agreeably to a resolution of our last meeting, that each member read a case of disease, treated by him within the past six months, I present the following case of croup.

I was requested, in the morning of the 28th of last February, to visit a child of A. H., aged 19 months, with croup. I learned upon inquiry that the child had been sick about 36 hours, having contracted a cold from being taken by his parents, on a visit about nine miles off. I found him with fever—great degree of dyspnœa—head thrown back in respiration, so as to enlarge the capacity of the chest—cough brassy, and characteristic of croup—surface of the body preternaturally warm. A careful examination of the internal posterior fauces could detect nothing abnormal—no inflammation—no diphtheritic deposit.

I prescribed hyd. chlor. mit. et ipecac. ää gr. v pro dos. and left him two other powders of ipecac, each containing 5 grs., to be repeated every half hour, until free emesis took place. The patient was visited by my son in the evening, and found somewhat relieved—breathing less difficult. He left him 20 grs. more of the ipecac, to be given so as to keep up a nauseating impression.

March 1st. Saw the child in the morning—found much less improvement than I had hoped for—respiration exceedingly embarrassed—bronchial secretions locked up—the stridulous cough continues—much fever—skin hot. I left him 15 grs. of calomel in seven powders—one to be taken every two hours, unless the effects upon the bowels should be too great.

In the evening there was considerable improvement. The powders had not operated with any violence. Continue.

2d. Saw the patient in the morning—found him very greatly im-

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proved—was playing about upon the carpet—countenance animated—secretions of the mucous membrane, both of the trachea and nares, restored, but there was still some degree of embarrassment in the respiratory function. Gave 5 grs. more of calomel in 3 doses—a dose to be taken every four hours, and between each dose of the calomel one sixteenth of a grain of tartarized antimony: to have the feet immersed in warm water. The child was not so well in the evening—the tartarized antimony had produced too much depression by its action on the bowels, and had not acted on the secretions: it was discontinued. Directed the repetition of the pediluvium.

3d. Morning. Found the child not so well as yesterday morning: to repeat the pediluvium: left 5 grs. more of calomel, to be given in three doses as before directed. The medicine did not act inordinately on the bowels. Between each dose of the calomel the child was directed to take 3 grs. of bicarbonate of potassa.

In the evening, the respiration still remaining embarrassed, I gave the child 3 grs. of assafœtida, in the form of lac assafœtidæ, every two hours. The secretions had again become locked up, and the cough stridulous. There was fever, and hot and dry skin. Repeat pediluvium.

4th. Found the patient very much improved—had taken the medicine regularly— the secretions from the nares restored, and cough loose. The assafœtida had agreed so well, that I directed nothing more than it, and the bicarbonate of potassa—the assafœtida to be given every two hours, and with every alternate dose, the bicarbonate.

5th. Improvement still continues—made the intervals of giving medicine every three hours, instead of every two hours. Continue assafœtida and bicarbonate of potassa.

6th. Improvement still continues. Continue treatment as directed yesterday.

The next day I concluded to discontinue my visits. The child rapidly recovered.

REMARKS.—The foregoing case is one of the ordinary form of croup: *cynanche trachealis*, originating from exposure to cold. There was no doubt of inflammatory action kindled up in the lining, tracheal, mucous membrane. It is a disease in which I have seen more decided, unequivocal benefit from tartar emetic and calomel, than from any other articles of the materia medica. I have ever made these articles the sheet anchor of dependence. In the early part of my practice, when I used the tartarized antimony more freely than I do at present, my success was certainly greater in the management of this disease. Tartar emetic

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tells on croup; it produces a salutary systemic impression; it equalizes excitement; it relaxes spasm; it ejects irritating material from the trachea; it subverts inflammatory action, and thus prevents the formation of false membrane; it controls the circulation; it restores perspiration. It is admissible at any period prior to the formation of the false membrane, unless there be too much flagging of the vires vitæ; then ipecac is the preferable article. After the formation of false membrane, the great object is to eject it by the mechanical agency of vomiting, and here ipecac., sulph. zinci., sulph. cupri, are the preferable articles.

The remark is trite, that there is fashion in medicine, as well as in every thing else. Much has been said of the poisonous effects of tartar emetic in its administration to children. Such effects, I have never myself witnessed in a single instance. It is true that I have seen very great prostration—sometimes rather alarming, produced by it, but the patients have speedily rallied. Still, I will not discredit the statements which have been made on this subject by others. It is my belief in these statements that has rendered me more timid in the use of the article.

I always follow up the use of the tartar emetic by calomel, and generally find the patients benefitted, where the stools assume a dark green hue, resembling chopped spinach. In the case just related, the child took 5 grs. of calomel and 5 grains of ipecacuanha as an emetic, but I am inclined to think, that if the tartar, instead of the ipecac had been employed, the remedial effect would have been more satisfactory. I commenced with the calomel, as I have before remarked, on the 2d day of the disease, in doses of two grains every two hours, and continued it to the 4th day inclusive, but at longer intervals. The child took, in the whole, 30 grs. of calomel: its action on the bowels was not excessive, and the patient for the first two days, greatly improved under its use. My only reason for discontinuing it, was the dread of its action on the mouth—a circumstance greatly to be deprecated, as almost certain to result in the death of the child. Such an event I know has taken place several times in the practice of my neighbors, and it has made me cautious. It is true, that, I well know, that the constitutions of children are not as susceptible to mercurial impression as those of adults, and that Dr. Stearns, of Albany, who was very successful in the treatment of croup, was in the habit of giving 30 grs. of calomel and 2 grs. of tartar emetic at a dose to children under two years of age, and even repeating it twice, and that Dr. Hamilton, of Edinburgh, administered calomel to the extent of one hundred grains in twenty-four hours, to very

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young children. Yet I also know, that very young children, when mercurialized, are liable to destructive caries of the jaw. I believe that the child would have recovered under the use of the calomel, (and I am warranted in this conclusion by the benefit actually derived from its use,) had not the parents suffered him to run about the room, which was not sufficiently warmed. I thought it best, however, to discontinue it, and look out for some other remedial agent. This I found in the lac assafœtidæ, and under the use of this article, and the bicarbonate of potassa, he speedily recovered.

In the close of this case, permit me to say a few words on the use of assafœtida in croup, and the therapeutic relation of this article to the disease. I was led to the use of this article about 40 years since, in the treatment of a case of croup, which had been protracted five days in despite of tartar emetic, calomel, and the lancet. I began to look upon the case as hopeless, when I determined to try the assafœtida, but the child resisted so lustily the taking of it by the mouth, that I was compelled to give it as an enema; and whilst the child was held by the mother, I threw up 20 grs. of assafœtida, in solution, into the rectum. The effect was magical—the difficulty of respiration was vastly relieved, and in two hours I repeated the enema. The dyspnœa—the convulsive respiration was in a very short time entirely gone, and so complete was the relief, that in looking back to the case of which I took a note at the time, I do not find that I prescribed another dose of medicine for it. The child was three years of age, and took 40 grs. of the assafœtida by enema. The recovery was complete, and the patient is living at this time. I have often prescribed the assafœtida since, in a disease in some of its features resembling croup, namely, pseudo tracheitis—the asthma thymicum of the German pathologists, but never with such striking effects as it here displayed; a disease which had run on full five days, was cured in little over two hours. This disease was genuine croup, if brassy cough, pyrexia, and most distressing dyspnœa are characteristic of it.

The foregoing two cases are the only ones of what I considered to be genuine croup, in which I have employed the assafœtida. My pathological views of the disease have deterred me from the use of the article. These cases, as I have stated already, I began to look upon as nearly hopeless, when I commenced with the assafœtida.

I should never think, notwithstanding the happy results obtained from the assafœtida in the foregoing cases, of prescribing the article at the commencement of genuine croup. In both of the cases which I

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have related, the heat of the surface was somewhat abated before resorting to the assafœtida. This diminished temperature was perhaps more owing to impaired vitality, than to any subduction of disease; and in the case first related, the tracheal secretion had been partially restored by previous medication, before resorting to the assafœtida, although they had again become locked up.

There is, however, a species of croup—pseudo-tracheitis—in which we may very early resort to the assafœtida, with prospect of great success—in fact, immediately after the exhibition of an emetic.

This disease presents itself to us under a variety of features; the peculiar spasmodic affection of the thumbs and toes, is sometimes absent. In one of its forms, and that not a very unfrequent one, it appears in its pathological relations, almost as nearly allied to asthma as to croup, but unlike asthma, the respiration is hurried. It resembles genuine croup in almost every thing except the brassy cough. Its invasion, like genuine croup, is somewhat sudden; the child has complained a day or two of cold. The respiration is loud and hurried; the dyspnœa threatening immediate suffocation; the nostrils expanded; considerable fever and heat of surface; but immediately you hear the cough you are satisfied that it is not genuine croup. The cough is humid; it is a pseudo-disease. This disease is often confounded by careless practitioners, with genuine croup.

In all the forms of pseudo-tracheitis the assafœtida displays most signal powers, and it is in these forms of disease that I prescribe the article with much confidence of benefitting my patients. If the patient be not much benefitted by the first six or eight doses of the assafœtida, I do not urge its further use.

As I was not present at your late meeting, when *cynanche trachealis* was the subject of colloquial discussion, indulge me in a more extended view of my practice in this disease. I have said nothing yet on the use of the lancet in this affection, and it is because I do not lay much stress upon it. I have but seldom resorted to it. My principal reason has been a conviction, that inflammation of the mucous membranes, is not benefitted like inflammation of the serous membranes and other tissues of the body, by this potent remedy. I have never used the lancet in *cynanche trachealis* upon any subject under three years of age. I have, however, taken notes of a case of more advanced age, where venesection did display most unequivocal powers, and as the case possesses some interest, I shall relate it.

Oct. 6, 1814.—I. B., a rustic youth, aged 13 years, having contract-

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ed a catarrh, and feeling that febrile lassitude which so frequently attends it, imprudently lay upon the ground, yet damp with the rain of the preceding day. He was in a short time seized with as severe an attack of croup as I have ever witnessed, threatening almost immediate suffocation, and attended with great flushing of the face, and respiration so laborious and difficult, as to be heard out of the room. I bled him immediately, 10 or 12 ounces—gave 6 grs. of tartar emetic in divided doses, and immersed his feet in warm water, in which he kept them until after the operation of the emetic. Great relief was afforded by the bleeding and emetic, but still the breathing continued difficult and oppressed, and the cough dry and stridulous. In one hour after the emetic, I ordered him to take 15 grs. of calomel, and to take freely of warm diluent drinks.

I called to see my patient again in two or three hours, and finding that the disease was not yet subdued, I left him 6 grs. of tartar emetic, with 15 grs. more of calomel, to be mixed up in 6 tea spoonsful of molasses, with directions to take one tea spoonful every hour, until it operated as an emetic or cathartic, and then every two hours after. He took four spoonsful, which evacuated him powerfully. The next morning I found that the disease was completely strangled, expectoration free, and fever and inflammation removed.

Time admonishes me to be brief in my comments on this case. The lad was certainly benefitted by the venesection which I employed; it relieved very much the oppression under which he was laboring, but how far it went towards the cure I am not prepared to say. Powerful auxiliary medication was simultaneously employed. He took 10 grs. of tartar emetic, and nearly 27 grs. of calomel, and all in the space of a few hours.

With respect to bleeding in croup, indulge me in a few additional remarks. I have stated my practice, and given the reasons which have influenced it. I am willing to compare notes with those who confide in this remedy in the treatment of croup. I believe that my practice, if not more successful than theirs, is at the least as much so. I intend to bring forward but a single name in favor of the lancet, in croup. It is that of Dr. Watson, than whom, a greater name has never adorned our profession. I shall quote his own language. "Croup is a disorder which may justly excite extreme alarm in the friends and parents, of the patient; for the prognosis can never be better than doubtful. It is said that four children out of five attacked by it used to die, but that now

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the treatment being better understood than formerly, the number of deaths, and the number of recoveries are nearly equal."

Dr. Watson's practice, both hospital and private, was very great. The lancet was his sheet anchor of hope, and he has given the results. I seldom use the lancet in croup, and I honestly believe that I do not lose one in fifteen of all the cases treated by me.

In a disease very nearly allied to croup, I mean laryngitis, the lancet is almost the only remedy entitled to confidence. But its subjects are adults, and can best bear these drafts of vitality.

The nitras argenti is another remedy which I have not very frequently used, but where there has been inflammation of the fauces, or diphtheritic deposite, I have certainly seen most unequivocal proofs of its efficiency. The fauces have been sponged with a strong solution of the article in water. Where the foregoing conditions have not obtained in croup, I have not used the article.

I have sometimes used the warm bath in this disease, with marked and most unmistakable benefit to my patients. But, if not resorted to until the vires vitæ begin to flag, I consider it a doubtful, if not a hazardous remedy. I should not recommend it in this state of the system. There are also some objections to the use of this remedy, from the struggles which it produces on the part of the patients. The objections which may be urged against the warm bath, apply in a minor degree to the pediluvium.

I have very seldom seen good from the application of blisters in croup.

WHITE HOUSE, *May*, 1854.

Imaginary Diseases.—BY STEPHEN W. WILLIAMS, M. D., &c. &c.

[LATE OF DEERFIELD, MASSACHUSETTS.]

Some of the most distressing complaints to which humanity is liable, are diseases of the imagination. They are a species of monomaniac insanity, frequently beyond the reach of medicine, and often beyond the acutest reasoning of the physician and the divine. They not unfrequently lead to the most depressing melancholy, to despair, and even to suicide. They also often lead to actual disease, particularly of the chylopoietic viscera. Imaginary hallucinations, however, sometimes lead to pleasurable sensations, as in the case of the man who fancied himself to be the Lord and Saviour of the world, who was tried before Lord Erskine. This phantom of the imagination must only be productive of pleasurable sensations, during its continuance. How many men have fancied themselves

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to be Presidents, Kings, and Emperors, Generals, and Commanders of armies, and have led their soldiers on to victory. But I will proceed to the relation of a few cases, which have fallen under my observation.

A patient called upon me a few years ago, who fancied that he had the venereal disease from cohabitation with a cow—he was a simple fellow, and was much alarmed about himself. The complaint had been upon him four or five years, or he fancied that it had. He called upon a noted empiric in a neighboring city. He saw him but a few minutes, and gave him some medicine, for which he charged him fifty dollars. He paid him nine dollars, all the money he had with him, and for more than three years he continually dunned him for the remainder, till he paid no attention to his letters, although he threatened to sue him. I had another patient in the same region, whom he treated in a like manner. I ascertained to my own satisfaction that the only actual disease he had upon him was occasioned by masturbation, though he fancied that he still labored under the venereal disease. I assured him that he was cured, but I never could make him believe it, and I was obliged to give him some little placebo or nostrum, to satisfy his mind. He called upon me once in about three months, for the space of five or six years. He died some time in the course of the year 1853, but, as he lived some distance from me, I did not see him in his last sickness, and do not know of what complaint he died, though, I believe, it was pneumonia. So far as my observation goes, the venereal disease has never been known to prevail among animals.

Shortly afterwards, I had another patient who fancied that she took the venereal disease twenty-two years ago, from washing the linen or making the beds of two young men, who she imagined had that complaint. It was never known that they had the disease; on the contrary, it was almost certain that they never had it. She never knew any thing about the venereal disease until six years afterwards, when she accidentally heard some old woman talk about that complaint, and afterwards she fancied that she took it six years before, in the manner described. The delusion lasted but a short time, and she married soon afterwards and had three children. The two youngest died either in the birth or soon after. Just before the birth of the last child, she fancied that she had the same complaint, but she said nothing to me about it. Her child died when two or three days old, and she mourned herself almost into a state of derangement, in consequence of it. She fell under the care of another physician, who, for a biliary derangement salivated her severely. She was then about 40 years of age. Some time afterwards she fancied

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that she was pregnant again, when, in fact, the irregularities of her menstrual flux were owing to the critical period of her life. Her old vagaries returned upon her, and she firmly believed that she had the venereal disease from the same cause. I could not reason her out of it, and as she had fretted herself into sickness, she persuaded me to put her upon a course of mercury, which I told her would probably cure her, as it was almost or quite, a specific. My principal object was to induce a new disease upon her, and turn her attention from the subject of her delusions. I also believed it would be of service to her on account of her biliary affections. I salivated her, and I thought I should hear no more about her old complaints. But they soon returned upon her imagination with violence. I knew that her delusions were in consequence of mental derangement, as her grandfather, mother, and sister had previously been afflicted with mania. She was willing to go to the Insane Hospital, and her husband soon after carried her there. She was benefitted for a while, by her residense there, but soon after her return home she relapsed again, and again went to the hospital, and again regained her health, both mentally and bodily. She has now been with her family several years, without any return of her complaints.

A short time ago, I was called in haste to a young man not far from 22 years of age, who had partially castrated himself by removing one of his testicles with a razor. His intention was to remove both of them, but he bled so profusely that he was deterred by it. He lost an enormous quantity of blood, and I was obliged to tie the spermatic arteries as soon as possible, which I found very difficult to do, on account of the retraction of the cord. He had been troubled for more than a year with involuntary seminal emissions, which weakened him very much. He had a fever a little more than a year before, which left him quite debilitated, and he had not entirely recovered from it. He was told by one of his confidential companions, that he could never be cured of the complaint in any other way than by castration. He was also told of a young man in a neighboring town, who was afflicted in the same way, and that he performed the operation of castration upon himself, and was cured by it. This was the cause of this young man's resorting to this fool-hardy and dangerous act.

In the Boston Medical and Surgical Journal for 1842, I believe, there is an account of the operation of castration being recommended and performed by a Doctor, upon a young man, for this complaint, which cured him, and so would cutting off his head have cured him. The Doctor was most severely criticised, and justly castigated soon after, by two em-

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inent physicians, who exposed his folly, if not his wickedness in this operation, and I think he will not resort to it again.

About the time that I commenced the practice of my profession, a man in a neighboring town emasculated himself with a dull case-knife, for alleged unfaithfulness with his wife. He cut off both testicles and the penis, and finally recovered. I have seen frequent accounts of self castration, but the wonder is in such cases, how hemorrhage can be arrested without tying the arteries of the cord.

LAONA, WINNEBAGO CO., ILL., *May* 25, 1854.

Placenta Prævia.—BY O. H. TAYLOR, M. D.

In examining the recent Medical Report from Gloucester County, N. J., I observe that Dr. Sickler has presented, with some interesting remarks, two cases of presentation of the placenta, in each of which, the placenta was *spontaneously delivered* before the birth of the child.

The question, whether the result so happily effected by nature, in these instances, should ever be promoted by art, is one that has been canvassed of late, by obstetricians, with deep interest and anxiety. Nor is this surprising, when we consider the extreme urgency of the dangers threatening the mother from hemorrhage, and the vital importance of the function of the placenta, even during labor, if at all protracted.

From my own observation and reflection on several cases of attachment of the after-birth over the *os uteri*, coupled with severe hemorrhage, which have occurred in my practice, within the last twenty-eight years, I am induced to coincide with Dr. Sickler in opinion, not only as to the propriety and safety, but the *absolute necessity*, in certain circumstances, of removing the placenta before the delivery of the child. That the established method of turning the infant in cases of severe hemorrhage, during parturition, may be impracticable, without great delay, when the *os uteri* is but slightly dilated, and presents rigid and unyielding edges, every experienced practitioner is aware. The strength of the mother may be fatally exhausted before the hand can be introduced. Even in the most favorable cases, the condition of the placenta during the delivery, with much of its surface still adherent, and preventing the contraction of the bleeding vessels beneath the detached portions, is incalculably more favorable for an arrest of hemorrhage, than if it were entirely detached; and the question of danger to the child, from the removal of its external lungs before its mouth reaches the atmosphere, is

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one of time only. If there be a possibility of a rapid delivery, we should not hastily allow this danger to prevent us from giving the greatest possible security to the parent.

Three cases of placenta implanted over the *os uteri*, occurred to me in the early part of my practice, and their history proves how fatal may be the results of uterine hemorrhage, even during the act of turning and delivering the child. In each of these cases, the operation of perforating the after-birth, was performed in the presence, and by the counsel of the late distinguished Professor James, of the University of Pennsylvania, Dr. Charles D. Meigs, now Professor of Obstetrics in Jefferson Medical College, being also present in consultation, in one of these cases. All these cases terminated fatally in a very short time after the delivery of the infants, which were still-born. Neither of the mothers survived more than three hours, and all died from the exhaustion caused by excessive hemorrhage.

That the operation of removing the placenta immediately, when found to present itself at the *os uteri*, is capable of being performed with safety to both mother and child, under favorable circumstances, I am fully convinced; but as Dr. Sickler very pertinently remarks, "the advisability, and determination of the conditions in which it should be practiced, must be decided by an induction from a larger number of cases than have as yet been submitted to the profession."

My own experience leads me to the conclusion, that when the placenta is fairly implanted over the *os uteri*, and is firmly attached throughout its borders, it can be removed before delivery, with more safety both to the mother and child, than can be secured by perforating or elevating the edges, and bringing the child down by the feet.

In nearly all the cases that I have witnessed, expulsive and efficient pains have been brought on soon after the placenta has been completely detached; and these pains have continued, so as to produce the prompt expulsion of the child, whenever the presentation has been natural.

Even when the complication is coupled with a preternatural presentation, it does not appear to me, that the immediate delivery of the placenta is necessarily contraindicated. It would be folly to dwell upon the imminent danger to the child in such cases; and if the hemorrhage be permitted to continue unchecked during the protracted delivery by the feet, (supposing this to be possible in the case) what will be the fate of the mother? Should we not give her the advantage of that arrest of hemorrhage, which appears so generally to follow the entire detachment of the placenta, even before its positive expulsion? Certainly we should,

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at least whenever the presentation or the condition of the patient, can be ascertained to be such, that very prompt delivery by the feet is impracticable; for then the death of the child is insured at all events; and as has been already hinted, it is precisely when such prompt delivery is most easily effected, that the danger to the child from the previous detachment is least, and the advantage to the parent, I think, indisputably the greatest.

I throw out these few suggestions to the profession, in the hope of inducing the report of every fact, which may tend to decide one of the most important practical questions which has been mooted by obstetrical practitioners for many years. Uterine hemorrhage has long been the terror of both patient and physician, and any thing which tends in the least degree to lessen its dangers, is worthy of the most profound respect and serious consideration.

Permit me then, to offer, in concluding this note, the abstract of a recent case, in which the effect upon uterine hemorrhage produced by the expulsion of the placenta before the delivery of the child, is happily illustrated.

On the 27th of April, 1853, I was requested to visit Mrs. B., on account of a profuse and unnatural flow of blood from the uterus. She considered herself as being eight months advanced in pregnancy. At the time of my first visit, she was not complaining of much pain, though the hemorrhage was very considerable in amount.

A digital examination proved that the *os uteri* was but slightly dilated. I directed *pulv. acetat. plumbi et opii*, but found it necessary also to apply the tampon, by means of which, the bleeding was restrained, and I was enabled to leave my patient in an hour.

After the lapse of eight or ten days, the flooding recurred, and the same treatment was repeated, with a similar result.

On the 15th of May following, being the 19th day after the first attack, I was again summoned to the case, and found the patient laboring under a hemorrhage quite as profuse, as at the time of the first visit, or even more so. By an examination *per vaginam*, I found the *os uteri* dilated about two inches. The placenta was evidently implanted immediately over it. By pressing the index finger firmly towards the right ilium, I detached a portion of the adherent placenta, and was able distinctly to recognize the presenting portion of the fœtus, which proved to be the head.

Periodic pains of the regularly expulsive character were now established, but each was accompanied with an excessive discharge of blood.

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The imminency of the danger to the mother from hemorrhage, induced me to decide that nothing would be forfeited by following any plan of action calculated promptly to arrest it. I therefore proceeded to separate the attachments of the placenta to the uterus, in the hope that, possibly I might be able to thrust the after-birth back from the orifice, and thus enable the head to engage itself in the superior strait. On making the attempt to push the placenta beyond the presenting part of the head, however, I found myself opposed and thwarted by the descent of a large portion of the mass into the vagina. The result accorded with the experience adduced from the history of other and parallel cases; for two or three more pains completely expelled the placenta into the vagina, and the hemorrhage then instantly ceased. In five or six minutes more the child was born, and although reasonably a little languid at first, it soon began to cry, and has since been a healthy and promising child.

CAMDEN, *May* 22, 1854.

"THE CHANGE OF LIFE," *in Women; with remarks on the periods usually called "Critical."*

BY JOSEPH PARRISH, M. D.

NUMBER V.

The touch—Its value, compared with the value of the Speculum—Peculiarities of the first "Change." The cause of Menstruations. Puberic Age.

The last paragraph of our last Essay upon this subject, declared the speculum practice, *per se*, to be unobjectionable, but, the speculum *specialty* as adopted by many, an outrage. It is but fair, as we have ventured this rather wholesale assertion, that we should present our views of what may be substituted for this system of *inspection*. This we shall do before we proceed to notice some of the diseases of the periods of "change;" for we are aware that the speculum has many strong advocates, and we would not be arrayed against them, or their *system* (for such we must call it), without offering a few suggestions on the Touch. The eye, it is true, presents its claim to superiority over the finger, however delicate and sensitive may be the latter; but we claim for the touch more perhaps, than our *vision*-ary friends are disposed to grant us. And as we press our claim, we ask an honest hearing.

The sense of touch has been bestowed upon us, that by it, we may discover the palpable qualities of bodies, their size, consistence, &c. We

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cannot tell the consistence of a body without touching it. If we would know of its sensitiveness, we must touch it. The mind may quail before a glance of fire from the eye,—the soul, conscious of guilt, may tremble under the gaze of accusing innocence; but the tangible form of an organized, material structure, needs to be handled, that it may be measured, weighed, and accurately judged of. We have to do now with a womb, supposed to be diseased. It is certain, says the prescriber, something is the matter. The woman is in bad health, and as the stomach, and liver, and kidneys, and intestines, all seem to be well, her womb must be out of sorts, and hence it must be looked at. Why so? The liver was once diseased; there was a violent, active, inflammation, and did you look at the organ? No. Did you feel it? Yes. The stomach, not long ago, was the seat of an acute gastritis. Did you look at that? No. Did you feel it? Yes. The intestines were almost eaten through with ulceration, and you knew the exact spot where the process was going on. Did you see the spot? No. Did you feel it? Yes. The uterus is now supposed to be in an abnormal condition. It is thought to be so, because there is a "change of life" with the patient. What is to be done? Is it necessary, right away to procure the speculum, and proceed to a visual examination? Is it even necessary to prescribe the Touch? In the majority of cases, not. You did not look at the stomach, and liver, and intestines, because you could not. The integuments that cover them were not made transparent, and light would not deviate from the laws which govern it, and hence you did not see. You pressed with your finger through those integuments, and measured the boundaries of the disease as well as you could; you heard the responses of the patient, and recognized the points of pain, and could judge of their particular locality. Now, you want to *see* the uterus, though it may be very readily felt, because somebody has invented an instrument through which you may look. You have not been so indelicate as to touch: you have not with your finger measured the size of the womb—nor judged of its sensitiveness; you do not know whether it is hard or soft, and yet you must throw candle-light upon it, to answer these questions, which an intelligent touch alone can answer.

You know, or think you do, what can be done with the speculum. We know, or think we do, what can be done without it. Let us compare. We may pass the finger directly in contact with the *os uteri*, without disturbing its position, and judge immediately of its *locality*. If it is too high, or too low, too much anteriorly or posteriorly, we know it. What can be done more with a speculum, as to position? Indeed, the rota-

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tion of the instrument and its proper adjustment, may disturb the position of the organ in such manner, as materially to interfere with forming a correct diagnosis. We may touch the anterior and posterior lips, —press, and ask the patient if she suffers pain, and thus judge of its *sensitiveness.* Could the eye do more? We may feel if it is *soft* or *hard, ulcerated* or *congested*—will the speculum answer more correctly? We want to know the *temperature* of the organ, and surrounding parts. The quality in this respect, is imparted to the finger. Is it to the eye? Immediately connected with temperature, is the question of *moisture.* How much secretion is there, and what its kind? Can the eye discern better than its more humble adjunct?

The *color* and *consistency* of the secretion, it is important to recognize. May not this be brought to view upon the napkin, by the finger, and judged of more accurately than at the apex of the vagina, through a tube, and by an artificial light? Then, with reference to the *weight* of the organ, which is not an unimportant item in the diagnostic to be sought. Will not the sentient fibrils tell as true a story as the *nervus opticus?* Who can doubt it? But we will not be so unreasonable as to assert that the speculum is a useless instrument. We believe to the contrary. While by the touch we may appreciate structural changes in the organ—measure its bulk, and judge of its consistency, the speculum may be used to observe the limits of excoriation, or whatever form of lesion may be present. At the same time, without it, we may judge with tolerable accuracy, from analagous appearances in other parts of the body. An ulcer upon the cervix uteri, will not perhaps differ much from an ulcer upon the leg, and the surrounding tissues in either case, may be marked by similar appearances. The treatment will be founded upon the same principles, though there may be a difference in the mode of its application. We cannot therefore admit that there is a very great variety of cases, where this instrument, valuable as it may be sometimes, is really needful. Indeed, we readily conceive of some, where the use of it would be manifestly improper. They are these—In very young persons, the hymen must be lacerated, (as has often been done by *skilful* operators), and the injury resulting from such introduction, is, we venture to believe, and declare, more serious in the majority of cases, than the original complaint, if really any may have existed, for the discovery of which the speculum was used. In very old persons, or even in those of matronly age, who often think themselves the victims of uterine disorder after the cessation of the menses, the vagina is contracted, from a natural shrinking of the muscles. And from cicatrices of old

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injuries, or diseases, there may be tough fibrous bands stretched across its caliber, so as materially to interfere with the introduction of the instrument. Again, in cases of irritable uterus, or irritable vagina, or severe inflammation of the parts, the diseased action, is very liable to be aggravated, whether it be a primary irritation, or a well developed phlogosis, by the distension, and suffering consequent upon its use. We therefore denounce the premiere resort to the speculum as unphilosophical, unnecessary, and dangerous. At the same time we admit that as a derniere means, it may be used in many cases. The rule should be this. Cultivate the touch,—teach the finger to its utmost power, and remember that in doing this, the mind acts more acutely, and as it acts, becomes stronger, and more accurate in judgment. When the finger fails to detect the difficulty, use the speculum—use it too, of necessity, where local treatment is demanded; but use it not, where it may not be imperatively necessary.

Now we ask the intelligent mind of an enlightened profession, if this view of the case is not a correct one. We ask the moral sense of a virtuous profession, if the sanctity of woman's nature should be violated by needless exposure? We say needless, because we believe the speculum fashion may often drive ifs votaries to extravagances, which if they do not now, they may soon regret. If the opinion here offered, should be proved by the experience of others, to be well founded, and the speculum specialty loose its hold upon the professional favor of many, the worst result that we can anticipate, would be the preservation of a stricter morality, even at the expense of some scientific attainment.

Another consideration. It may be that symptoms of constitutional disturbance, in cases of uterine disorder, are too much overlooked, by a constant reference of the mind to the idea of locality in disease, and by an application of remedies alone to the organ itself. This is natural, and to a certain degree, rational. But a more extended investigation, which observes critically the whole constitution of the patient, as it displays its Biotic force in the great efferent, and afferent circle, whether of nerves, or of circulating tubes, embracing the organic life, from the capillary springs, to the great reservoir, which drives the wheels of existence, is more likely to result in the good of the patient, and the honor of science.

May we not then with fairness, invite the admirers of the speculum specialty to study the constitutions of their patients, and to scatter a little of their wisdom to their finger ends, and perhaps, in the careful manipulations which they may make, healing virtue may be imparted

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to the subjects of their counsel, while female modesty shall be saved a shock, the tendency of which is to impair, if not to paralyze its strength.

It would have been inconsistent with our object in communicating the series of Essays, of which this is the fifth, to overlook the subject we are at present considering. And though it may seem irrelevant to some, we trust the views that are herein announced, may meet with a candid criticism, by the honest minds of our profession; and if they should be proved to be unsound, no one will be more prompt to renounce them, than the writer. Having devoted this much space to the speculum, and the touch, we may now go on to consider, in order, some of the peculiarities of the various changes in female life. We shall consider the first change—that which occurs in girlhood. Reference has already been made to it, in its natural advent. It becomes us now, to point out some of the abnormal symptoms, that accompany its appearance, as well as to inquire into its uses, its elements, &c. This is necessary to a proper appreciation of the entire subject. Woman herself should know it. She has as much right to do so, as to learn about the gastric juice of her stomach, or the bile that is secreted in her liver.

In Number two of this series, we spoke of the time of the menstrual appearance, of its average quantity, of the coincident growth of the entire organism, as well as of the particular organs concerned in its developement. With the general idea already established in the mind, that the uterus is the source of the flow, we may now present the acknowledged theory of its cause, and proceed in course to other subjects as they may present themselves. To appreciate this properly, we must recognize a force—a *vis vitale*—as we have elsewhere called it, acting with an energetic impulse, during every moment of existence, not only to regulate the growth of the body, but to animate it, and give it the ability to grow. As we have already shown, this force exists in all living creatures. We have presented it in the seed, the germ, the ovule, in speaking of the exhibition of life power, in the developement of the special organs connected with reproduction. We must introduce it again here, for the sake of applying it. Menstruation, when it occurs, is the first indication that there is the ovule, or rudiment, existing in the individual, that will enable her to become a mother.

Dividing the great life force, into the several departments connected with life function, we have in the instance before us, the reproductive force, of which menstruation is the sign. In its periodicity it resembles all living things. What is there in nature that is not periodical? What that does not change? Menstruation then, proves the existence of an

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ovule—the ovule contains the germinating principle, and the germinating principle, when it becomes active, under circumstances favorable for developement, produces—and produces from time to time, as the tree yields its fruit, or the flower its bloom, and fragrance, when under the control of influences designed to evolve its latent powers.

The human female exhibits this force monthly. The ovary is the instrument through which it is exhibited. It is as we have already said, part of the life-force; that part which developes itself in the generative system, and is hence called the generative force. It begins in the ovary, because the ovary is the beginning of this particular system. Without it, there could be no reproduction. Imagine then the ovary—an ovoid body containing a multitude of exceedingly minute vesicles, each one distinct in itself, but congregated *en masse*. Imagine each vesicle endowed inherently with the power of projecting its contained ovule, and this power under the dominion of the law of periodicity, which is seen in all animated nature. As the projectile force is being expended at the appointed time, all the tissues concerned in the formation of the genital system sympathize with the effort. The nerves are more sensitive; the blood-vessels, already exceedingly abundant and turgid, are aroused to greater activity, and in relieving themselves of temporary engorgement, exhibit the phenomenon of menstruation. This description is sufficiently minute to be understood by every intelligent reader, and to convey a truthful idea of the fact. It is to be understood then, that the menstrual flow is blood. What kind of blood it is, whether arterial, or venous, or a mixture of both, is a question that the wise dispute about. Some deny its being blood, and call it a peculiar secretion, to be found nowhere else. Perhaps it may be. It matters not to us in our present inquiry. Women call it blood, because it looks like it, and it may suffice to consider it as such. There is high authority in favor of both sides of the question.

We are now, however, at the age of puberty. We have described in a former essay, the changes in developement, both mental and physical, occurring at this "critical period." If those changes do not occur, something must be wrong. It is just as unnatural for the girl not to *change* into womanhood, as it is for the woman not to pass the second *crisis*, and become the matron of maturer years. The latter is dependent upon the former. Suppose there should be an interruption to the changes of puberic age, what would be its most probable appearance? Almost every mother can tell. She does not see her daughter of thirteen, more or less, running up like a wild stem of the forest, tall, thin, and

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tender, without anxiety. She wants to see her grow laterally—spread outwards, as well as upwards. And when she sees her thus growing, slender and pale, she fears that there is some irregularity of sexual developement. Perhaps the demand made by the life-force upon the blood, for osseus, muscular, nerve, and membrane tissue, has been so great as to deprive the reproductive-force of its share of supply; and hence, with an increase in one department, there has been a corresponding subtraction from another. Reverse this picture, and the scene is reversed. How shall it be regulated? This is a simple question, which we shall attempt to answer in our next Essay.

PHILADELPHIA, *June*, 1854.

(TO BE CONTINUED.)

PROCEEDINGS OF MEDICAL SOCIETIES.

PENNSYLVANIA STATE MEDICAL SOCIETY.

(ABSTRACT OF THE MINUTES.)

The Medical Society of the State of Pennsylvania, held its Annual Session, May 31, 1854, at the Court House in the city of Pottsville. In the absence of the President, the meeting was called to order at 11 o'clock, A. M., by Dr. Confer, one of the Vice-Presidents.

Dr. Condie, of Philadelphia, was appointed Recording Secretary, to supply the vacancy caused by the death of Dr. Henry S. Patterson.

A committee on the credentials of Delegates, reported Delegates from Berks, Bradford, Blair, Bucks, Chester, Delaware, Huntingdon, Lancaster, Lebanon, Lehigh, Mifflin, Montgomery, Northampton, Perry, Philadelphia, and Schuylkill counties; of whom fifty-nine were present.

The Committee of Publication presented their report, which was received and ordered on file.

The Treasurer presented his report, showing a balance in his hands, in favor of the Society, of $62, and a balance due by the Society on account of printing Transactions of 1853, of $71.86. Assessments still due from Erie, Lycoming, Mercer, and York County Medical Societies.

Referred to an auditing committee, consisting of Drs. Parrish, Van Buskirk, and Hale, who reported the same to be correct.

The following items of unfinished business were reported as appearing on the minutes of the last session, namely:

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Report from a committee appointed to report in regard to the collection of samples of drugs, and preparations.

Report from committee on gratuitous public vaccination.

Report from committee on vaccination and preservation of Kine Pock.

Dr. Hollingsworth, on behalf of the Chairman of the committee on samples of drugs, etc., tendered an apology for the non-presentation of a report, when, on motion, the committee was continued, with instructions to report at the next session.

Dr. Carpenter, on behalf of the committee on vaccination, and the preservation of vaccine matter, stated that the committee had not been enabled to prepare, in time, for presentation at the present meeting, all the materials for their report, but hoped to be able to have it completed by the next session.

The committee on gratuitous vaccination of the poor, reported, that in their opinion, the main object originally contemplated by this Society, in appointing said committee to memorialize the legislature of the State, for the passage of an act providing for the gratuitous vaccination of the poor throughout the commonwealth, may be more effectually secured through the action of the authorities of the several counties, than by the appointment of special officers by the state. In accordance with which views, they presented the following resolution.

Resolved, That in order to extend the benefits of vaccination as far as possible among the inhabitants of this commonwealth, the State Medical Society urge upon the several organized County Medical Societies of the state, to exert their influence to induce the public authorities of their respective counties, to adopt prompt measures for as general an extension of vaccination, as may be practicable, and to render it imperative upon those who are charged with the direction and control of schools, public as well as private, to require, before receiving any pupil, a written certificate from some properly authorized physician, that he or she has undergone successful vaccination.

Which resolution was unanimously adopted, and on motion of Dr. Betton, the report of the committee was directed to be printed, and a copy sent to each of the County Societies in the state, and in counties where no Society is yet organized, to the Superintendent of the Public Schools.

The Secretary, Dr. Walker, reported that he had fulfilled the duty enjoined upon him by the resolution of last Session, to be found on page 16 of the printed minutes.

A committee, composed of one from each county represented, nominated by the respective delegations, was created to nominate officers for

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the ensuing year. The said committee being empowered, also, to select the place for the session of the Society in 1855.

AFTERNOON SESSION.

The President, Dr. Heister, read the Annual Address.

On motion of Dr. Jewell, the thanks of the Society were presented to Dr. Heister, for his very able address, and a copy requested for publication in the Transactions.

Reports from the Berks and Blair County Medical Societies were presented and read, and, on motion, referred to the committee of Publication.

MORNING SESSION.—JUNE 1, 1854.

On motion of Dr. Kennedy, a committee was appointed to prepare and submit to the next session of the Society, printed forms for county reports, so worded as to facilitate the preparation of said reports, and to secure greater fulness and uniformity therein. Committee, Drs. Kennedy, Condie, Hollingsworth.

On motion of Dr. Cassady, a committee on obituary notices of deceased members of County Societies was appointed. Committee, Drs. M. B. Smith, Carpenter, Mayburry.

A number of amendments to the Constitution were offered, to enable the Philadelphia County Medical Society to re-organize and change its title, in accordance with the change in the political organization of the county of Philadelphia; when, on motion of Dr. Jewell, the whole subject was referred to the delegates from said county, with instructions to report this afternoon.

A series of resolutions in relation to the preparation of reports from County Societies, was presented by Dr. Wythes, and referred to the committee on form for county reports.

Reports from the Medical Societies of the following counties, were presented and read, and, on motion, referred to the committee on publication—Bradford, Chester, Delaware, Huntingdon, Lebanon, Lehigh, Mifflin, and Montgomery.

AFTERNOON SESSION.

The Philadelphia county delegation, to whom the subject was referred, presented the following preamble and resolution:

WHEREAS, by the recent action of the legislature of the State of Pennsylvania, the city and districts of Philadelphia county have been consolidated under one municipal government; therefore, *Resolved*, that should the Philadelphia County Medical Society consider it expedient

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to re-organize, and to change its title in correspondence with the new political organization of the county, it shall have, when so re-organized, all the rights and privileges of the present Philadelphia County Society, and that the Constitution of the State Society be amended by inserting in the second line of section 2, art. III, the words "and from the Philadelphia City Medical Society."

The said resolution, including the amendment to the constitution, were unanimously adopted.

The committee for nomination of officers reported the following.

President.—JACOB M. GEMMILL, of Huntingdon county.

Vice Presidents.—WILSON JEWELL, Philadelphia county,
WILLIAM HOUSELL, Schuylkill county,
E. W. HALE, Mifflin county,
A. K. GASTON, Chester county.

Recording Secretaries.—D. F. CONDIE, Philadelphia county;
H. CARPENTER, Lancaster county.

Corresponding Secretary.—JOHN NEILL, Philadelphia county.

Treasurer.—FRANCIS WEST, Philadelphia county.

CENSORS.

1*st, and* 2*d, Districts.*—J. B. Biddle, *Philadelphia county;* John T. Huddleson, *Delaware county;* Hiram Corson, *Montgomery county;* P. Cassady, *Lancaster county;* William Gries, *Berks county;* Charles H. Martin, *Lehigh county;* R. E. James, *Northampton county;* G. F. Horten, *Bradford county.*

3*d, and* 4*th, Districts.*—Thomas Wood, *Lycoming county;* J. B. Luden, *Huntingdon county;* Joseph Henderson, *Mifflin county;* Wm. H. McIlvaine, *York county;* J. H. Case, *Perry county.*

5*th, and* 6*th, Districts.*—I. P. Gazzam, *Alleghany county;* W. Anderson, *Alleghany county;* James Dickson, *Alleghany county;* C. F. Perkins, *Erie county;* John T. Ray, *Mercer county.*

DELEGATES TO AMERICAN MEDICAL ASSOCIATION.

J. P. Heister, *Berks county;* W. H. Townsend, *Chester county;* Chas. Innes, *Northampton county;* John G. Koehler, *Schuylkill county;* J. H. Dorsey, *Huntingdon county;* Henry Carpenter, *Lancaster county;* John A. Martin, *Montgomery county;* David Moses, *Lehigh county;* James Galbraith, *Perry county;* Jacob M. Confer, *Blair county;* R. K. Smith, *Delaware, county;* John Dyer, *Bucks county;* Joseph Henderson, *Mifflin county.*

The committee also reported, that they had selected Hollidaysburg for the place of meeting of the Society in 1855.

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The committee was continued with instructions to nominate the additional members of the committee of publication.

Reports from the following county Medical Societies, were presented and read, and, on motion, referred to the committee of Publication, namely, Perry, Philadelphia, and Schuylkill.

The committee on nominations reported the following gentlemen to constitute, with the Recording Secretaries and Treasurer, the committee of Publication:—Francis G. Smith, Samuel Lewis, Robert P. Thomas.

The committee on obituary notices, presented a report, with the following resolution, which was adopted:

Resolved, That the several County Societies, be earnestly solicited to append to their annual reports to the State Society, brief notices of such of their members as may have died during the year.

Dr. Parrish, on behalf of the Chester County Medical Society, presented the following questions:

1st. Does dysentery prevail most in those sections of country in which there is little or no iron in the soil?

2d. Do paralysis and other nervous diseases, prevail most in those sections of country in which iron is diffused through the soil?

3d. Does the clearing off of the timber, tend to increase affections of the nerves and of the intestines—and, if so, why?

On motion, referred to a special committee—Drs. A. K. Gaston, W. M. Guilford, A. Hoger, L. E. Kitchen, Charles E. Hoffman.

Dr. Corson presented the following resolution, which was referred to the committee on forms of county reports.

Resolved, That it should be distinctly stated in those county reports, in which reference is made to the influence of limestone formations in the production or modification of diseases, whether the limestone lies near the surface, or at a great depth, and if the latter is the case, what covers it. Also, whether the water used for drinking and cooking is impregnated or not, with calcareous matter.

Dr. R. K. Smith, presented a resolution which was adopted, that the preamble and resolutions of Dr. Emerson, adopted in 1852, and re-adopted at the session of 1853, be printed, and a copy sent to each County Society now organized, and in those counties where no County Society exists, to such members of the medical profession as the Secretary may select, and that the expense of carrying this resolution into effect be assessed upon the county Societies.

Dr. W. T. Bladen presented a resolution approving of a black list, adopted by the Medical Society of Reading, which, on motion, was laid on the table.

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A list of the officers and members of the Lancaster County Medical Society was presented, and ordered on file.

On motion of Dr. Walker, the Constitution and By-Laws of this Society and the Code of Ethics, were directed to be appended to the next volume of Transactions.

On motion of Dr. West, the committee of publication were instructed to append to the title page of the Annual volumes of Transactions, a disclaimer, on the part of the State Society, of any responsibility for the facts and opinions contained in the addresses and reports published therein, as having been read before the said society.

On motion of Dr. Thomas, the resolution offered by Dr. Emerson at the last session, and indefinitely postponed, (see page 16, printed minutes) was taken up and passed. The resolution has reference to the presentation at the sessions of the Society, of abstracts of reports over fifteen pages in length.

Resolutions in reference to the death of Dr. Francis S. Burrows, of Lancaster, one of the Vice-Presidents of the Society, of Dr. Henry S. Patterson, of Philadelphia, one of the Recording Secretaries, and of Dr. Joseph D. Stewart, of Philadelphia, were presented, and unanimously adopted.

On motion of Dr. Smith, it was unanimously *Resolved*, That the officers' named in the report of the committee of nomination, be declared the officers of this Society for the ensuing year.

Votes of thanks were tendered to the President and officers for the able and courteous manner in which they performed their duties; to the Commissioners of Schuylkill county, for the use of the very beautiful and commodious room in the Court House at Pottsville, for the meetings of the Society; and to the medical profession of Pottsville, for the cordial and hospitable manner in which they provided for the accommodation of the sessions of the Society, and their attention to the members.

The Society then adjourned, to meet in Hollidaysburg, on the last Wednesday in May, 1855, at 10 o'clock, A. M.

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BIBLIOGRAPHICAL NOTICES.

WOMAN; *Her Diseases and Remedies.* A series of letters to his class, by CHARLES D. MEIGS, M. D., Professor of Midwifery and the Diseases of Women and Children, in the Jefferson Medical College of Philadelphia; member of the American Medical Association; of the American Philosophical Society, and of the Council; Vice-President of the College of Physicians of Philadelphia; late, one of the Physicians to the Lying-in Department of the Pennsylvania Hospital, &c. Third edition, revised and enlarged: Philadelphia. Blanchard and Lea, 1854.

We have spent some hours over this book, and they have been hours of much interest. It is a book remarkably characteristic of its author. If there was no other "sign," as a way-mark to point to him, but this, the traveller that would look and read, might easily know "what manner of man he is." Perhaps we may call it a scientific novel, "founded on fact." *Midwifery poetized,* will be a better name. Not rhymed —but dotted all through with

"Rich carvings, portraitures, and imagery."

Familiar letters to his class, and familiar dialogues with his patients, constitute the style of the work. Its material is wrought out of the mine of experience. The lore of sages long buried, and yet living, is taken in pearly parcels, from the store-house of ancient and modern obstetrical literature, to garnish and attract; while substantial and enduring truth, developed, and confirmed by long labor in the profession, furnishes the corner stone of the structure. Some people find fault with the book. It is thought to be too conversational; and then the great idea meant to be inculcated by it, that the people have a right to know for themselves, what is the pathology of their diseases, and what the treatment, is objected to, because it popularizes the science of medicine, and brings it down to the common sense of the people. The truth is, the common sense of the people is rapidly coming *up* to the point, at which even the most profound doctor may stand, and in contemplating the range of his intellect, confess that all men have an equal right to the boon of knowledge.

We would not insinuate that our author is a *leveller,* in the common acceptation of the term, but that he recognizes in the book before us, the

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growing intelligence of the people, and prescribes, and converses, as with intelligent beings. It seems to be his aim to secure a positive submission to his professional advice, by convincing his patients of the propriety of his counsel, rather than by enforcing obedience by the acknowledged supremacy of professional authority.

In this, we think there is wisdom. We judge from our own limited experience, especially with inquiring female minds. Faith and obedience, cannot take the place of the reasoning and investigating propensity, in matters connected with one another. It is hard enough to bring them to bear upon subjects that have their relation with the unknown, and unseen. Alas! how little do they act, even here. Dr. Meigs believes that quackery finds its most fruitful source, in the darkened minds of the people; that it enjoys a blind credulity, and revels, where ignorance flourishes. Ignorance of medicine—not a general want of information. Perhaps he is right. We are inclined to think he is. Hence, he makes his patients his students; students at least of themselves, and thus they are disciplined, as well as dosed—trained to keep well, while cured of being sick. So much for this feature of the book. The diseases of women are presented in the familiar, and yet poetic style referred to, with a good deal of detail. Prolapsus uteri is treated of as a dislocation, and the treatment recommended, the same as that for other dislocations,—by rest, splints, &c. The pessary is preferred to external support. It is the splint for this kind of dislocation, after the uterus has been placed in situ.

We are glad to have the authority of Dr. Meigs, in favor of views already presented in this Journal, on the speculum practice. He calls the use of the speculum uteri, a "flagrant act—an act inexcusable, save under the duresse of a conviction that it is needful for the safety of the woman." Again, "I am convinced that a very experienced or erudite touch, a *tactus eruditus*, can often report to the practitioner's intelligence, all that he shall require to know of the case." And yet in cases requiring it, the speculum is advised, and minute directions given how to use it. We could enumerate many points of value, and great interest, to be found among the six hundred and sixty-six pages of this volume, and perhaps some, to which we might make objection, but we have neither time nor room, and must forbear. All who want to preserve a portraiture of an eminent writer, and lecturer on this subject, that is true to the life, should get "Woman and her Diseases," by Meigs.

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THE SCIENCE AND ART OF SURGERY; *Being a Treatise on Surgical injuries, diseases, and operations.* BY JOHN ERICHSEN, Professor of Surgery in University College, and Surgeon to University College Hospital. Edited by JOHN H. BRINTON, M. D. Illustrated by three hundred and eleven engravings on wood. One vol., pp 908. Philadelphia, Blanchard and Lea.

Mr. Erichsen has given us in this work, a most complete synopsis of the "Science and Art" of Surgery; such as renders it worthy of a high place among the numerous text books upon the subject. Whatever differences of opinion may arise, in regard to the "Science" of the pathological ideas of the author, few, we think, can object to the mode in which the "art" is practically advised.

We would especially call attention to the second chapter on "General considerations on operations." In this, as in many other places, we discover that the author ranks with the conservatives in Surgery. "The practice of operating, he says "in notoriously hopeless cases, with the view of giving the patient what is called a last chance, is much to be deprecated, and should never be done. It is by operating under such circumstances, especially in cancerous diseases, that much discredit has resulted to Surgery; for, in a great number of instances the patient's death is hastened by the procedure; which instead of giving him a last chance, only causes him to be despatched sooner than would otherwise have happened."

Chloroform is the anæsthetic agent, advised unequivocally, to the utter exclusion of ether, which the American editor says, is now generally employed in this country, as it is thought to be less dangerous. National prejudice, and the extraordinary chloroform statistics of the London Hospitals, are sufficient to account for this preference; but we should have thought ether at least worthy of mention. The chapters upon the blood-vessels, are particularly full, and the entrance of air into veins is discussed at length. The author says that he is satisfied that death occurs in these cases "in consequence of the air and blood being beaten up together in the right cavities of the heart, into a spumous froth which cannot be propelled through the pulmonary vessels: Hence, there is a deficient supply of blood to the brain and the nervous centres, and fatal syncope comes on, attended usually by convulsions." The practice of applying ligatures to the distal, as well as the proximal side of a wounded artery, is strongly urged. In regard to fractures, we shall only notice the opinion of Mr. Erichsen as to the use of the starch bandage, which we think is well worthy the attention of American Surgeons. He says that "until the past year, he did not think it safe practice to

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have recourse to it until the swelling of the limb had begun to subside," but that latterly he has followed the plan of Leusin's, in at least fifty or sixty fractures of all kinds, putting the limb in the starch apparatus *immediately* upon the occurrence of the injury, and has found the practice extremely successful, as he thinks "that the moderate pressure of the bandages, aided probably, by the great evaporation that goes on during the drying of so extensive and thick a mass of wet starch, and which produces distinct sensations of cold in the limb, takes down the extravasation most effectually, and enables the patient usually, to leave his bed about the third day after the injury; when the fracture is in the leg or ankle, and about the sixth, when it is the thigh that is broken."

The chapter on aneurisms, is especially worthy of attention, and the subjects of diseased bones and joints, are much more fully treated of than is common in works of the kind. To particularize much more, would extend a notice like the present, to too great a length, but we cannot forbear quoting the author's opinion in regard to the feasibility of a practice much advocated by some of the profession,—that of cauterization of the larynx.

After remarking that the practice is spoken of "as if this were a proceeding that could be adopted with as little difficulty as passing a sponge into the nares, he says, "that not only does physiology and ordinary experience, tend to disprove the possibility of such a procedure, but repeated experiments, both on the living and on dead subjects, have led me to the conclusion *that it is utterly impossible to pass a whalebone, whether curved or straight, armed with a sponge, beyond, or even between the true vocal cords.* And further, "I have little doubt that in those cases, in which the sponge has been supposed to have passed between and beyond the vocal cords, and in which the operator speaks of having felt the constriction exercised by these, in its entry and exit, it has in reality not entered the larynx at all, but has been passed behind this tube, into the æsophagus, the constriction being produced by its passage beyond the projection of the thyroid and cricoid cartilages, and that the caustic solution has been applied to the mucous membrane in this situation, instead of to that lining the interior of the air passages."

The latter part of the book is devoted to the diseases of, and operations on the genito-urinary organs, which are treated of very explicitly. Before closing our notice, we must be allowed to repeat, that this is decidedly one of the best text books yet issued. Dr. Brinton has incorporated with the text almost all that is important or peculiar to American Surgery, and has thereby greatly enhanced its value to the American student.

W. H.

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EDITORIAL.

THE CHANGE IN THE MEDICAL LAW.

These are wonderful times. Times of great adventure. Times, when men are free to risk much that is valuable in trade and commercial speculation; and strange to tell, when some prefer to sustain the opinions and practices of the ignorant, the pretending, or the knavish in medicine, to the sterling, long-tried, and still enduring truths of science. Enterprise in commerce, and the heels-over-head fashion that marks the spirit of trade, has certainly found its way into *some* departments of medicine. These disturbed, and disturbing elements, with their noise and glitter, have some how got hold of the legislative heart of New Jersey. We will not say *mind,* for legislators at Trenton, have not within a few years, exhibited many qualities, that would indicate the possession of much capital of this sort! though we freely admit, they have shown some *heart* in their work. They have much heartfelt sympathy with party interests,—they have much of it with those miserable factions in society where rum is the ruling spirit, and where legislators who are fond of the "creature," or of the votes of his bondmen, are the "gods" that are worshipped under his inspiration. Such is the lamentable truth. It is no marvel then, as year after year, they have resisted the cries and prayers of thousands of their constituents, who have asked that they should remove a great curse from their midst; that now, in the hour of their wicked triumph, they should put their heel upon the long acknowledged law that has declared empiricism in medicine, illegal. But they have done it, and who will suffer? Not the medical profession certainly, for that has a firmer basis than legislative authority. Not the Medical Society certainly, for that existed before the State, and had its foundation in moral and scientific truth. Its code is more enduring, than the statutes of the commonwealth, and its interests so identified of necessity, with the interests of the people, that the faint breath of an ephemeral legislation may not dissipate it. Whence then, the cause of complaint? It is here. The standard of morals is lowered by opening wide the door to advertising quacks to come in, and filch the pockets of

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the unwary, for the poor privilege of drenching their stomachs with secret nostrums, by the quart. The principle is a wrong one, as the practice of it is daily proving. The elevated position that science has long held, and always will hold, has received a thrust from the hand of legislative authority, which indicates a want of intelligence in law makers, that must impair their influence, and usefulness. But the excuse is, that the broad philanthropy, and enlightened democracy of the New Jersey legislature, could not acknowledge the principle of conferring *special privileges*. In New Jersey, that ought not to be tolerated. They would not sanction a *monopoly* in medicine. Oh, no! *monopolies* are obnoxious to Jerseymen. This was never asked of them. Had it been offered, it would have been spurned. The medical laws of New Jersey, were not instituted, or sustained as a protection to the Medical Society. They conferred upon it no more actual benefit than it now enjoys. But their object was to protect the people from imposture; to testify in favor of scientific medicine. The profession was not the better, but the people, for these regulations. The medical mind, in its investigations after truth, was not a whit strengthened by the legislative countenance; but the people's health, and purses were in a measure kept out of the hands of intruding emperics. Now, the tables are turned, and every body who can buy a parchment from a pseudo-College, may go to New Jersey, by invitation of its legislature of 1854, to practice deception. Perhaps the Legislature congratulates itself, that the first stroke has been given to "monopoly" in the State of New Jersey. They called the Medical Society by that name, so odious to Jerseymen, and they have attempted to purge it of its sins, but have unfortunately taken the bitter dose themselves! They were *cunning* men, who managed this affair. Not wise, for a wise man has said, what all history has confirmed, that

"Cunning is the Ape of wisdom."

They stood before the credulous legislature, and asked it, as the crafty, low-minded boy asks his playmate, to shut his eyes, and open his mouth; and while expecting to get a sweet morsel, the bitter draught was thrown down his wide, and willing esophagus.

We know the people of New Jersey well enough to believe, that their good sense revolts at this little piece of State-House trickery. We fear only for the honor of law, and the beauty of moral principle, while we shudder at the knavery, and pretension of those, who for want of honesty enough, or knowledge enough, have sought this means of gaining access to the people.

What shall the profession do? is a question not unfrequently asked,

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Shall this ignorant legislation go unnoticed by the Society, whose reputation, and usefulness, it is intended to impair? We will not answer. Though we may not refrain from expressing our individual belief, that it ought not to be resisted, except by the honest expression of opposite principles. This, the Society, it seems to us, might do, with perfect consistency. Indeed, it is a question whether it does not owe it to the public, and to itself, to make a plain statement of its history, its object, and its conservative policy, and submit to an intelligent citizenship, the examination of the whole subject. If the people prefer to open the State to all kinds of pretension, and fraud in medicine, let them do it, and let the Medical Society respond Amen! after it shall have declared its own principles, and its determination to maintain them. A dignified protest against this unwise, and to be repented of proceeding, may well become the venerable Association, that for nearly a century, has sought the firm establishment of scientific medicine in New Jersey, —but nothing more. We should regret to see any controversy with misguided people, or unsound, and unsafe systems. Contact itself would be vile. We would rather elevate the cause of true medicine above the reach of petty—crawling—slimy empiricism, and let it stand, too proud to bow, save to the ever extending, and conquering sceptre of truth and Science. P.

☞ We would invite the attention of our New Jersey readers to the call for a special meeting of the Medical Society of New Jersey, on Tuesday, the 11th instant.

Business of importance bearing on the interests of the profession, and of the public will be brought before the Society, and it is to be hoped that there will be a full attendance.

Delegates to the Annual Meeting in January last, hold office until new ones are appointed.

☞ We have been disappointed in not receiving the fifth of the series of articles on the History of the American Medical Association, in season for the present issue. It may be expected in our next, together with the portrait and biographical sketch of John C. Warren, M. D., of Boston.

We have several articles on hand for our next number.

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WELCH'S SPLINTS.

WE have recently procured a set of these splints, the invention of Benjamin Welch, M. D., of Lakeville, Conn. We have, as yet, had no practical experience with them, but they possess features which commend them to the attention of Surgeons. Their peculiarity consists in the combination of the firmness of woody fibre with the elasticity of gutta percha.

"The Splints consist of light and elastic cases or coverings, formed of very thin strata or layers of wood or 'cut veneers,' cemented together by interlayers of gutta percha, of such thickness as is required to maintain their form, and pressed into the form of the part for which they are designed." * * * * *

"This may be introduced in any proportion required to give strength and durability and resistance to the action of fluids, and when properly applied, it adheres with more firmness to the wood, than the fibres of the wood do to themselves. Another circumstance attending this arrangement, of considerable practical importance is, that the Splints are made more flexible and elastic in the lateral or parallel direction of the fibres of the wood, than in the longitudinal; hence, what may seem somewhat paradoxical, they readily accommodate themselves to changes in the dimensions of the limb, resulting from increase or diminution of inflammation, or from interstitial absorption, while they give perfect support to the injured or diseased part. When necessary to adapt them to limbs of individuals differing in the form and size of their limbs, they are made sufficiently flexible by immersion in hot water, or simply enveloping the Splint, or such portion of it as may be necessary, in cloths wet with hot water for a few minutes, and then, on cooling, they will immediately become unyielding and elastic as before. This peculiarity can scarcely be too highly appreciated, for of all the materials heretofore proposed capable of being moulded to the part and hardening after the Splints are applied, none has been found which has not proved decidedly defective in practice. They possess great strength and durability, so that the same Splint may be used a long time, and for the treatment of many cases of fracture. They do not preclude the use of evaporating lotions, water-dressings, or moisture, in any manner applied, except when heated much above the temperature of the body. They are applied with great facility, rendering the dressings simple and easy to both surgeon and patient, and allow constant access to the injured part, to detect inflammation at its commencement, or any irregularity in the position of the bones; and after the tendency to inflammation has subsided, dressing or examination by the surgeon is required much less frequently than when ordinary Splints are used. In short, they have combined with the property of being made sufficiently soft and yielding to be moulded, with accuracy, to the surface of the part for which they are designed, all the properties of insolubility, lightness, elasticity, strength, and firmness, necessary to constitute a *perfect Splint.*"

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ECLECTIC AND SUMMARY DEPARTMENT.

On a New Mode of Removing the Placenta. By THOMAS SCHNEEDER, M. D.—To the Editor of the Peninsular Journal: Dear Sir,—The following article, which I have been persuaded to send to you for publication, is part of an essay which was read before the Medical Society of Chicago. As I am not yet fully acquainted with your language, having been in this country less than a year, I trust you will excuse its imperfections.

If we fix upon a table with the hand or a weight, a fresh placenta, and seizing it with a pair of wide bladed forceps, either by its margin or at the attachment of the cord, turn them once or twice round, we observe that the bulk of the placenta is diminished, and its strength increased so that we have to use more force to tear it apart.

We find also that we are able to push the placenta through a hole made in a board, by twisting it through, which no force could make it pass in any other manner, without laceration.

I think that we may with advantage, make use of these two facts in cases where other means of removing the retained placenta have failed, or where severe hermorrhage require its immediate removal. For instance, when the placenta is retained by spasm of the uterus, two fingers are to be introduced which seize a portion of the placenta. The forceps are to be applied to this portion, turned once or twice round, and moderate traction used.

Should we not succeed in overcoming the spasm, the two fingers hold the twisted portion of the placenta in its position, and the forceps are applied higher up. Thus the placenta diminished in size, and rounded, dilates the os uteri more equally than the fingers, and its ability to endure traction is much increased.

Should the uterine surface of the placenta present itself, we should, if possible, change its position so as to be able to apply the forceps to the margin. The same process may be used in an hour-glass contraction as well as in adherent placenta, naturally without using any traction-in this last case.

As the periphery of the adherent placenta by twisting it is slightly moved toward the center, the adhesions will easier yield to the separating hand, and the danger of laceration or inversion is less.

If we had to remove a very fragile placenta, we might surely and successfully have recourse to this twisting; and finally, we must apply this method when the placenta is retained after abortion, other means of removing it having been unsuccessful.

Though I have no certain proof for my idea in regard to the first mentioned cases, I remember a case of abortion, where, by this proceeding, I evidently saved a life, which case I will in short relate.

Having been called to a woman that had an abortion in the fourth month, was told by the midwife, that three days previous the abortion had taken place, that the placenta had not been naturally expelled, nor had she herself been able to remove it; and that some hours before my arrival a severe flooding had taken place which had re-appeared whenever the patient recovered from fainting. The funis was torn off, and the midwife had removed as much of the placenta as she had been able to reach, so that I could only just touch some of the remaining part.

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I ordered applications of cold water both internally and externally, and a strong dose of ergotine, and went home for a proper pair of forceps; but the husband came running after me, and informed me that I would probably find his wife dead, as the hemorrhage had become worse than ever before.

When I came back, without trying to revive the patient, I immediately introduced my hand and seized with the forceps as much of the placenta as I could reach. For three several times, however, I could only remove small portions, but was at last able, by applying the above mentioned method, to remove the whole.

It is not in slight cases that I would advise this method of twisting the placenta, though even then it might be used successfully; but where danger is urging, various other means having failed, it seems to me a method not only theoretically true, but practically useful.

On the different modes of delivery, I have read Naegle, Siebald, Scantzony, Caxeau, Lievee, Ramsbotham, and Churchill, without finding mentioned the twisting of the placenta; therefore I call this idea a new one. Whether it will prove a good one, experience will show.—*Peninsular Journal of Medicine.*

Quinia and Tartaric Acid in Intermittent Fevers. By Drs. BARTELLA and BASTILLE, (Medico-Chir. Review, in Ranking's Abstract.)—"Two years since, M. Bartella brought forward his plan for the more economical treatment of ague, by administering equal parts of sulphate of quinia and tartaric acid. He now (*Bull. de Therapeutique*, tom. xlv., p. 49) reinforces his former statement by new facts, having treated altogether 208 cases in this way, 196 of these being simple intermittents, and 12 pernicious fevers.

"Dr. Bastille, who has been pursuing the same experiments, states, as his conclusions (*Gaz. des Hop.*, No. 87,)—1; That sulphate of quinia, given with equal parts of tartaric acid, is more active than the simple sulphate; 2. As a general rule, half the quantity of quinia so combined suffices; but, in some descriptions of fever, as in the pernicious ones of Italy, larger doses are required."—*Charleston Medical Journal.*

Hints for young Doctors. By C. D. GRISWOLD, M. D., of New York.—For ten years I have led a somewhat variable and busy life, always devoted to the interest of my patients—when I had them to care for—and my profession: yet notwithstanding my predelictions for the use of the pen, I have seldom contributed anything of my experience, or inexperience, to strictly professional journals; preferring always to read for my own instruction, rather than to write for the information of others. The principle is wrong, although it is better to be silent than to affect to be overwise.

How much more attentively we watch the different phases and behavior of a disease, when it is our intention to report it—how much more definitely each symptom is impressed upon the memory: and with what readiness its stages and the treatment may be re-called at any time afterwards. In this way a habit becomes confirmed, and holds good in all cases. In traveling, formerly, I noticed everything for the purpose of giving a description. Nauvoo Temple has long since been crumbled to the earth; yet the peculiarities of that structure, and the ground and beautiful scene I looked out upon from its tower, are still distinctly visible in my recollection. The habit of observation thus formed, has led me ever since to the upper deck of a steamboat, or the top of a stage coach, that I might look out; and to detest cars, because they shut me up.

There is more *utility* in this habit of close observation, than most physicians are in-

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clined to acknowledge in practice. I can remember distinctly the details of cases that I attended years ago, with the modifications in the treatment to meet indications —I held in view, and do still, intend to publish them—and yet I have by no means a retentive memory upon general subjects.

This habit any one can acquire by proper discipline, and it is one exceedingly important to the physician. The young physician who writes out his cases, will be most sure to read the reports of others, and in this way his experience will be trebled in value, besides most likely escape that worst of all obstacles to progress, routine habits of practice.

In reading your Journal, which I always do with interest, I seldom pass over the report of a case; and if I know it to be from the pen of a young physician, I peruse it with a sort of "do by others as you would that they should do by you" principle— respect and encourage them by reading their productions, as we would cherish the memory of one departed—although both alike are oblivious to our good intentions. In this way we not unfrequently fall in with good ideas, which like seed sown, spring up at a future time and multiply.

As I shall have no room in this for a "report," as I had intended, I will add one other hint for such of your readers as may be younger than myself, and put off the "case" to another day—or rather night.

In the first place, write out all your important cases; if time will not admit its being done immediately, keep thinking them over with that intention. When this is done, if you find any of them to contain facts which you believe to be of value, send them to a publisher, post paid. Do not make the mistake that many young writers do, by sending to the largest and most important Journals, for such are usually supplied with more matter than they can print; and therefore, in all probability, in such a case your production would never find a place in their pages, and you would most likely get discouraged with the first attempt. On the contrary, send your articles to a small Journal first, or to a new one that has little patronage—of which there are an abundance thankful for small favors; and in order that you may be sure to see them if printed, it is a good plan to enclose the subscription price with the production, and but very few if any comments, aside from your name and address plainly written. Draw no inferences on your cases—your readers will do that, and save you your time, and paper, and likely enough no small amount of future regrets—but simply the medical facts, plainly and concisely stated. Remember, if you have any desire to see your article reprinted in other Jouanals, that it never will be if *long*. Follow these rules perseveringly, and you will ultimately not only succeed as authors, but as good physicians.

A *regular* medical man told me, not long ago, that he subscribed for but one Journal—and that I will not mention—which he never found time to read. Now I shall remember this man as long as I do the Nauvoo Temple, for I have a habit of remembering such "cases." I shall never apprehend, on meeting him, that he has seen this comment for did he read this Journal he would know better than to make such a statement.

I remember calling on Dr. John W. Francis, late one evening, and finding him in bed, he not being very well; yet his light was safely arranged, and within reach there was reading matter enough to last all night. If there is no other time, an hour may be spent nearly every night in reading, before the eyelids drop; and he who cultivates his intelligence, as a physician should, will improve even this hour, if he has no other. If you do not read, never tell of it, for it is more creditable by far to have time for this, than too much business.—*Boston Med. and Surg. Journal.*

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Use of Secale Cornutum in Hæmorrhage.—BY A. I. CUMMINGS, M. D.—For some length of time I have used the pulverized ergot somewhat extensively, not only as a stimulant to the uterus in parturition, but as an *astringent*, either direct or operating through the agency of the nervous system. Especially in cases of *hæmorrhage from the bowels*, arising from dysentery or other causes, I have often seen the most decided and permanent results from its exhibition. In numerous cases, which could be given in detail, were it necessary, I have seen the ergot produce the most prompt and satisfactory effects in immediately checking the sanguineous effusion, and, in many cases, the effect has been permanent. In *hæmatemesis*, also, I have seen the most decidedly beneficial results from the use of ergot. In one severe case, which had for a long time resisted powerful remedies, it was used in substance, by my direction, and proved completely effectual.

In one case only of *hæmoptysis* have I used the ergot, and the results in that case were sufficiently satisfactory to insure my confidence in it, as an agent, worthy of trial at least, in other cases. It is my intention to test it more thoroughly as a remedy in the treatment of hæmorrhage from the lungs. But especially in hæmorrhage from the *stomach* and *bowels*, I have confidence in its practical value as an astringent. Though it should not, in my opinion, supersede entirely the use of tannic acid, gallic acid, acet. plumbi, and other well known and truly valuable articles, when an astringent is necessary, yet, in combination with other articles, or in cases where other agents fail, the ergot will be found valuable. It may be given in powder, in doses of from two to ten grains, repeated as often as is necessary. Its use is contra-indicated, of course, in *pregnant females*. I intend to make further experiments with the ergot in cases of hæmorrhage, as I may have opportunity.

Does the ergot operate through the *nerves* in hæmorrhage from the bowels, as it manifestly does in uterine hæmorrhage, in which it is so valuable?—*Boston Med. and Surg. Journal.*

Incompatibles. BY CHARLES WILLIAM WRIGHT, M. D., of Cincinnati.—The following table contains, it is believed, all the information on the subject of incompatibles that will ever be of much value to the physician and medical student.

TABLE OF INCOMPATIBLES.

All Acids.	Alkalies, Alkaline earths, All carbonates.*
Alkalies and their carbonates, Alkaline earths.	Soluble metalic salts, as the sulphate of iron, Also the fixed oils.
Sulphuric acid and soluble sulphates.	Soluble salts of lead, " " mercury. " " antimony.
Hydrochloric acid, Chloride of sodium, Iodide of potassium.	Soluble salts of lead. " " silver.
Tannic and gallic acids.	Soluble salts of iron, " " silver. " " lead. " " copper. " " antimony.
Water.	Tinctures of substances which are not soluble in water to any great extent, as tincture of iodine.

* Prussic acid is not incompatible with the carbonates, but all other acids are.

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Tinctures. { Solution of all substances which are insoluble in alcohol, as a solution of gum arabic, mucilages, &c.

Salts containing the same acids, or the same bases, are not, as a general thing, incompatible with each other. Thus the sulpate of potash is not incompatible with the sulphate of soda. Neither is the sulphate of potash incompatible with the nitrate of potash. Any two substances which contain the materials for forming an insoluble body, are incompatible with each other. Thus carbonate of soda and nitrate of silver when brought together in solution, form the insoluble carbonate of silver.

The Practice of Medicine in China.—*L'Union Medicale* copies from a Russian journal, the following remarks on the teaching and practicing of medicine in China:—

In China, Medicine is not taught in special establishments and no examination is necessary in order to practice medicine. Whoever finds the vocation convenient practices this art from interested motives.

It is true, that for two hundred years, there has been a regulation concerning the practice of medicine, according to which, the candidate for the degree of Doctor of Medicine must undergo an examination, that is to say, must write a thesis on some proposed subject. If, after two examinations he received a favorable note, he was received as a physician to the court. But now the examinations are a form, and honorable positions are obtained by favor.

From all time, medicine in the Celestial Empire, has held a middle place between a trade and an art. In the villages and unimportant cities, the earliest inhabitant is the astrologer and doctor. Go into any street you please, on all sides, signs are hung out at the windows and doors, with the name of the doctor, and gratuitous certificates of friends who boast of his talent.

In the street where the hotel and convent of the Russian Mission are situated, (in a quarter of a mile), nine of these signs may be counted.

These out-door Esculapians are, for the most part, persons who have been obliged by circumstancees to change their business, for example, dismissed functionaries, superanuated apothecary cubs, broken merchants, some tourists, chroniclers of marvelous events, &c.

These fellows sell all sorts of secret remedies, plasters, pills, powders, &c. They expose their merchandize in public places, in the temples and streets, and endeavor by fine speeches to extort money from the passers by. Some, inventors of a plaster that cures all evils, have large colored pictures, with which they demonstrate the anatomy of the human body. Others, practicing acupuncture, establish themselves at the crossings, blow in their instruments, arrange their *stalls*, and when a crowd collects, they announce that they are from such and such a province, or of such a family, that they are descendants of the celebrated acupuncturer, Li, and that they have at last discovered that spot on the human body where bleeding can be practiced to the most advantage for the cure of all manner of diseases.

The oculists arrange before them a little table where hang images of two enormous eyes, with the nomenclature of the diseases which may effect the organ of vision.—Many of their brother oculists prefer to adopt the proceeding of the celebrated oculist of their country who paraded at the fairs mounted on a black ass, the saddle of which served as a counter for displaying his drugs. The dentists are surrounded with trophies of their art; masses of extracted teeth, which are not always human. It is an odd thing that this latter class are noted for a complete taciturnity—the others are prodigiously loquacious.—*Trans. for Kentucky Medical Recorder.*

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Remarks on Chinese Pharmacy. By GUSTAVUS L. SIMMONS, of Sacramento, California.—Having often read with interest, articles concerning the "State of Pharmacy" in other countries than our own, I have thought that a few observations I have been recently enabled to make in regard to the medical and pharmaceutical knowledge of the Chinese, might not prove uninteresting—especially as this ancient and singular race is at present attracting the attention of the civilized world.

We have often read and heard that they had no regular system of medical practice, but depended for a cure, when sick, on incantations and superstitious orgies, similar to those practiced by many of the Indian tribes of North America. This idea we believe to be untrue, as it is at total variance with our own observations.

The city of Sacramento is the great interior depot for the Chinese in California.—Here a portion of the town is wholly occupied by them, in fact presents a miniature of a Chinese city, and as such is often visited by persons who desire to become better acquainted with the habits of this strange people.

Hearing an apothecary was located there, I resolved to make him a visit, and accordingly recently started on what I at first supposed would be a fruitless errand.—Fortunately, at the onset, I met with an intelligent Chinaman, who had been partially educated by the missionaries, and who could quite readily express himself in the English language.

This gentleman very kindly took upon himself the task of accompanying us, and explaining all that became necessary. The exterior of the shop we visited was in no wise dissimilar to those of other occupations. A sign over the entrance alone, gives the passer by a knowledge of the business followed within.

The sign, in the present instance, must have cost the artist who executed it considerable labor. All of the complicated Chinese characters were deeply graven in the wood of which it was composed; gold and bright vermillion appeared in abundance; and a rich silk drapery, arranged in a tasteful manner, hid the edges from view.

The inscription when translated read: "*Tung Fuk Tung*," and was the name of the "*Teacher*" with whom the proprietor of the shop had studied for a term of years.

On entering we were struck with the absence of fluid preparations, and throughout our examination we discovered but one article of this kind, and not a single mineral preparation.

A narrow but very high counter, a range of gaudily painted drawers, wide shelving, and sundry Chinese stools, constituted the shop furniture. The shelves were mainly occupied by bundles, containing roots, herbs, &c.; and it will astonish many when they learn that we counted over eleven hundred bundles, each marked with a different character, and all brought from the Celestial Empire, thus proving that the "*Materia Medica*" of the Chinese is in nowise deficient in the number of remedies. The drawers were divided into six compartments; unique porcelain "*galley pots*" occupied the shelving immediately over them; and above, ranged in regular order, were fancy packages, containing very diminutive bottles of strong ol. mentha piperita, and a peculiar kind of musk artificially manufactured. We also saw various compounds with long written papers attached, the true nature of which we were unable to determine, but from the remarks of our companion, we strongly suspected that even the "*Celestials*" were not free from the "*cure alls*" and "*patent nostrums*" which flourish so greatly in the United States. The *mortars* used in compounding, are composed of porcelain and iron, the shape being somewhat different from those manufactured by the English.

For powdering, an exceedingly uncouth instrument is used. It is made of iron, about four feet long, and the inside resembling a whale boat with a depressed cen-

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ter and elevated ends. A heavy iron wheel hung on a wooden axis is made to revolve in the channel, the motive power being the feet of the *operator*. This quickly and easily reduces most substances to a powder.

Various sizes of knife blades arranged on the end of an elevated trough, in a similar manner to the old style of *straw cutters* are in use for cutting up roots and barks; also large shallow baskets for drying purposes.

The *scales* show the great antiquity of the people. They still disdain to use other than those which have been in use for centuries. These have but a single plate and a long beam, the weight sliding on this last, similar to the old fashioned *steelyard*. Many however are of fine workmanship, and in the hands of a skilful person prove very accurate.

For writing their prescriptions, labeling, and in fact for all kinds of writing, they use the camel's hair pencil and India ink. Each store has these laid on a small stone slab, and rice paper by the side for immediate use.

We now come to the nature of the remedies given by Chinese physicians, for the cure of the sick. A Chinaman always prides himself on the ancient origin and unchangeableness of his people, and it is probable that but few articles have been added to their "Materia Medica" for many hundred years. Unfortunately, out of the numerous articles we examined, but very few were familiar, and the similitude of uses with our own, induced us to copy them. They were Panax; Mentha viridis; Mentha piperita; Cinnamomum; Glycyrrhiza radix; Scilla; Senega; Ulmus cortex; Rheum; Resina; Maranta; Carbo ligni; Ficus; Camphor; Moschus; Anthemis; Hordeum Aurantii cortex; Crocus; dried snakes, and dried flies.

The Ulmus, Maranta and Hordeum, are used as articles of diet for the sick; the Cinnamomum, Aurantii cortex, Glycyrrhiza, &c., for flavoring and disguising medicines of a nauseous taste; Camphor as an aromatic, and decoctions of Senega and Scilla as expectorants. The dried snakes are only for external use in rheumatic pains, but the dried flies, which greatly resemble the "Cantharis vesicatoria" of the U. S. P. we were repeatedly assured were given in cases of *gonorrhœa*, and were considered in that disease as a specific, thus proving their acquaintance with the diuretic properties of the article.

Nearly all medicines are given in the form of a decoction, and each prescription usually contains from twelve to twenty articles.

During sundry visits to our Chinese professional brother, we have seen him compounding, and we have never noticed less than twelve articles in any of the prescriptions he has compounded while we were present.

Through his politeness, we were favored with a written recipe for fever and ague, which he compounded for us, and which presents a singular appearance to the American eye. We have forwarded a portion to the editor of the American Journal of Pharmacy for inspection.—*American Journal of Pharmacy.*

The Fees of Physicians.—In this city, as in many other places, the physicians have been discoursing lately, on the propriety of revising their fee-bills. In several places they have increased their charges all around; for what their fathers charged one dollar they propose to charge two. Here, while there seems to be a general inclination to increase the rates of charge, there is much objection to binding themselves to a fixed tariff; and in the Academy of Medicine, the fee-bill has been put aside indefinitely. This course is not, however, by any means, an indication that they are satisfied with their old fees, or will decline to charge for services in proper ratio to the increased cost of living. The labourer gets two dollars where formerly he got one

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The lawyer charges ten for what his father was satisfied to ask five for. The penny-a-liner now wants two pence for his item, and the preacher has a call in another direction, if they offer no more in his parish than was deemed ample for his predecessor. Why should the doctor, who works harder than any of them, and cannot collect half his dues, suffer an exception to the rule of advances in payment?

But the dollar he charges now is only worth the half dollar his old partner charged. It gets only half as much flour, or half as much meat, and it takes twice as many of them to buy a coat as his old partner gave. Butchers will not make a deduction of fifty per cent. to physicians, nor will the grocer put his tea and coffee and smoked beef down at half price to the regular M. D. Seeing, then, for all his necessaries and his luxuries, he must pay twice as much as his father paid, he should receive twice as large a bonus for the sleepless nights and doleful days that his tarrying by the sick man's bed makes the still chamber cheerful.

But while the doctors are regulating their monetary matters, we would suggest one radical change. Let them forswear the credit system utterly, and make cash payments the rule. Other men do it, and do well by the policy. Your credit-giving merchants are always making men angry with their dunning letters. Your credit-giving grocers are the ones that are always in trouble about the bills they render, and whom you conclude are dishonest, because their account and your recollections cannot be made to agree. Giving credit in these small matters, is an old fogy custom, which deserves to be exploded before another New Year's Day. Then we never saw a sick man who did not believe his doctor cheap at any price, but when he gets well, his doctor is "a terrible fellow for a bill!" While the pain lasts, or as it first begins to abate, the dollar goes over to the good man who brought the assuaging draught as easy as for a drink or a dinner. But how it seems to be picked out from among the heart strings when the pain is forgotten! "All that a man hath will he give for his life" when he is in danger of losing it, but when he is well, he will palter and argue, and pinch a half eagle that is demanded as "its equivalent."

The people are ripe for the change. Not all of them, indeed, for there are men who are great patrons of the doctor, who always move out of the city before it is convenient to pay, and they would think it very small business to be paying for every call when it is made. But "paying subscribers" always want to know the paper's price before subscribing, and dying patients would die easier with only one call for their executors to settle for; or, if that is their fate, convalesce more rapidly with no debt of indefinite size ahead, to eclipse their bright prospects. "Pay as you go," sick man, and you'll appreciate your doctor better, and prevent half his unnecessary calls. Let the doctor demand pay as he goes, and he will strive the harder to make his services valuable, save himself a world of annoyance, double his annual income, and have the pleasure of knowing when he is conferring charity, and when working for hire.—*N. Y. Daily Times.*

Aconite Liniment.—Macerate four ounces of powdered aconite root in half a pint of alcohol, for twenty-four hours: then pack it in a displacer, and add alcohol gradually until a pint of tincture has passed. Distil off twelve fluid ounces, and evaporate the residue until it measures twevle fluid drachms. To this add two fluid drachms each of alcohol and glycerin, and mix them. It is used as an external anæsthetic application in the following manner. Cut a piece of lint or muslin of the size and form of the part to be treated, lay it on a plate or waiter, and by means of a camel's hair brush saturate it with the liniment. This may be applied to the surface, with a piece of oiled silk laid over it, to prevent evaporation. It should not be applied to an abraded surface, and the patient should be cautioned in reference to its poisonous character.—*Journal of Pharmacy.*

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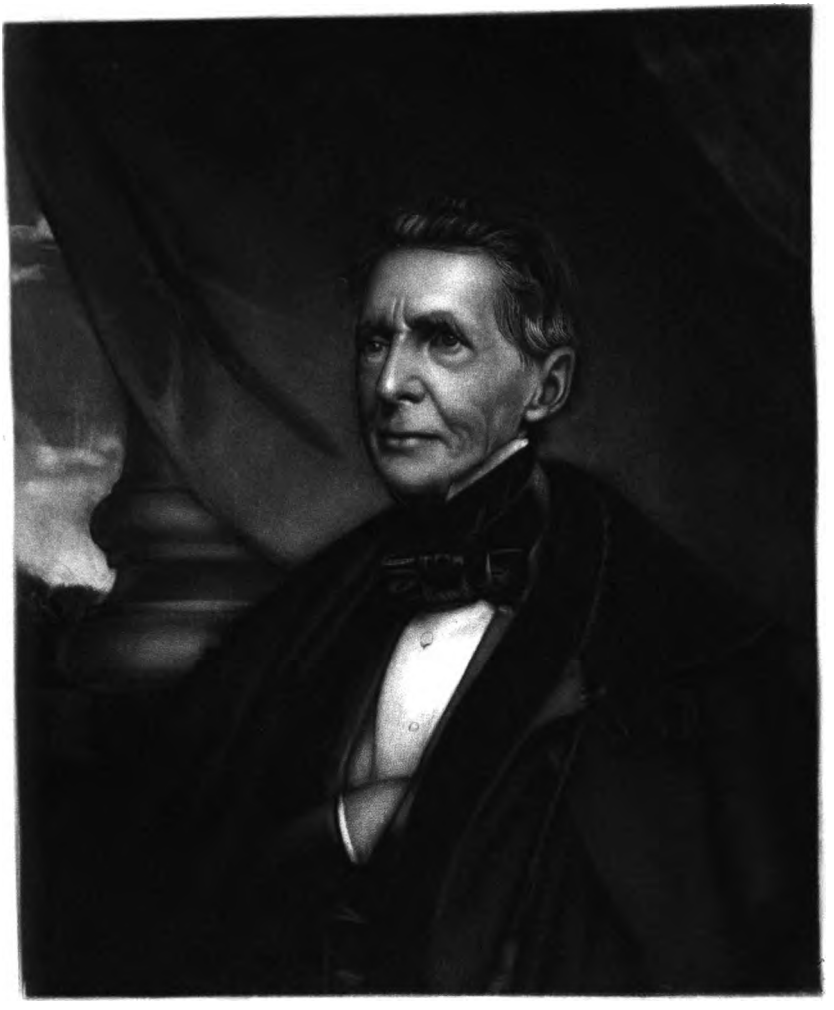

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JOHN C. WARREN.

John C Warren

M.D. Professor of the Anatomy & Surgery

IN THE UNIVERSITY OF CAMBRIDGE.

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THE

NEW JERSEY MEDICAL REPORTER.

VOL. VII. AUGUST, [illegible] VOL.

AMERICAN [illegible] ASSOCIATION.

History,

BY ONE OF [illegible]

NOTHING of special interest occurred in relation to the American Medical Association, from the close of the Annual Meeting in Baltimore, until the commencement of the second Annual [illegible] May, 1849. The minutes of the meeting in Baltimore [illegible] published in the Medical Journals of the [illegible] organizing state and local Societies [illegible] continued to progress.

On the first day of May, [illegible] members assembled in the Hall of the Lowell [illegible] were called to order by Dr. Alexander [illegible] President of the Association. Dr. J. C. [illegible] of the Massachusetts Medical Society, and [illegible] arrangements, welcomed the delegates to their city, [illegible] the cordial greeting of the profession. The President [illegible] delivered an address, in which [illegible] alluded to the objects for which the [illegible] was organized, [illegible] important advantages expected to result from its action. More [illegible] hundred members were present during the meeting, [illegible] profession and institutions of twenty four States.

On the recommendation of a Committee of one [illegible]

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Warren

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THE

NEW JERSEY MEDICAL REPORTER.

VOL. VII. AUGUST, 1854. NO. VIII.

AMERICAN MEDICAL ASSOCIATION.

History of the American Medical Association.

NUMBER V.

BY ONE OF ITS MEMBERS.

NOTHING of special interest occurred in relation to the American Medical Association, from the close of the Annual Meeting in Baltimore, until the commencement of the second Anniversary in Boston, May 1, 1849. The minutes of the meeting in Baltimore, were very generally published in the Medical Journals of the country; and the work of organizing state and local Societies, as mentioned in our last number, continued to progress.

On the first day of May, 1849, the delegates and members assembled in the Hall of the Lowell Institute, and at 10 o'clock, A. M. were called to order by Dr. Alexander H. Stevens, of New York, President of the Association. Dr. J. C. Warren, of Boston, in behalf of the Massachusetts Medical Society, and the Committee of arrangements, welcomed the delegates to their city, and extended to them the cordial greeting of the profession. The President then delivered an address, in which he alluded to the objects for which the Association was organized, and the important advantages expected to result from its action. More than four hundred members were present during the meeting, representing the profession and institutions of twenty-four States.

On the recommendation of a Committee of one from each state re-

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presented, the following gentlemen were elected officers of the Association, viz:

PRESIDENT.

DR. J. C. WARREN, of Boston.

VICE-PRESIDENTS.

DRS. J. P. HARRISON, of Cincinnati; A. FLINT, of Buffalo; H. H. MAGUIRE, of Richmond; R. S. STEWART, of Baltimore.

SECRETARIES.

DRS. A. STILLE', of Philadelphia; H. Y. BOWDITCH, of Boston.

TREASURER.

DR. ISAAC HAYS, of Philadelphia.

Dr. Warren, on being conducted to the Chair, returned his thanks to the Association for the honor conferred, after which the reports of the Standing Committees were called for, and presented in order. Dr. D. F. Condie, Chairman of the Committee on Practical Medicine, presented a lengthy report; only a part of which was read, when on motion of Dr. A. H. Stevens, it was referred to the Committee of Publication. This was the beginning of a policy, which has resulted in the establishment of the practice of receiving and referring papers to the Publishing Committee, not only without being read to the Association, but without having been completed by their authors.

Dr. N. R. Smith, of Baltimore, Chairman of the Standing Committee on Surgery, read the annual report on that subject.

The consideration of anæsthetic agents, the treatment of fractures, and the operations for vesical calculi, occupied much the larger share of the report. The committee fully justified the use of anæsthetics in all important surgical operations, and gave preference to chloroform, over ether.

The report of the Committee on Obstetrics was presented and read by Dr. C. R. Gilman, of New York, acting Chairman. This report was also occupied chiefly with the consideration of anæsthetics, and their application in Obstetric practice. It was claimed by the author of this report, that the use of these agents was not only justifiable for the purpose of alleviating the pains of labour, but also, that in all *difficult* and *instrumental labors*, their application "*could not be rightfully withheld.*" This report also, gave the preference to chloroform over all other anæsthetic agents. This, like the report on Surgery, was referred to the Committee on Publication, without discussion. They were published in the second volume of Transactions of the Association, and may be usefully consulted, both by students and practitioners of the healing art.

Dr. J. P. Harrison, of Cincinnati, Chairman of the Committee on

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Medical Literature, presented and read, a full and well written report; which was referred to the Committee on Publication.

The Committee claimed that much valuable literary material existed in the profession of our country, which was unknown to the public, on account of the inability of the authors to procure its publication. And they recommended the establishment of a Board of Publication, to whom such materials might be presented for examination and publication, if approved by them. The following resolution, appended to the report on Medical Literature, was adopted by the Association, and Drs. W. E. Horner, D. F. Condie, and Isaac Hays, of Philadelphia, appointed the Committee, viz:

"*Resolved*, That a Committee of three be appointed, to take into consideration the measures recommended in this report, for the promotion of our National Medical Literature, with instructions to report at the next Annual Meeting."

On motion of Dr. G. B. Wood, the same Special Committee were instructed to report on an international copy-right law.

At a subsequent part of the session, Dr. Horner, in behalf of the committee, reported the following resolution.

"*Resolved*, That a committee of three be appointed to memoralize Congress in favor of an international copy-right law."

The resolution was adopted, and Drs. G. B. Wood, T. E. Bond, and Isaac Hays, appointed the committee, with instructions to prepare a memorial, and submit it to the next Annual Meeting of the Association. At this, as at all the preceding meetings of the Association, the subject of Medical Education occupied a large share of time and attention. Dr. F. Campbell Stewart, of New York, Chairman of the Standing Committee on Medical Education, presented a full report, embracing an account of the medical institutions, requirements for graduation, number of students and Professors, &c. &c., both in this country and Europe; also, an account of the legal requirements exacted of medical practitioners in the several states, and the rules and requirements of the Army and Navy Boards of Examiners.

The report urged strongly, the adoption of a higher standard of preliminary education, to be exacted before allowing the student to enter upon the study of medicine, as the basis of all real improvement in the education of the profession. To secure this, all state and local societies were recommended to establish primary Boards of examiners, whose duty it should be to examine all who proposed to study medicine within their respective districts, except such as were graduates of some literary institution, and grant to those qualified, certificates of such qualifica-

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tions. A series of resolutions were appended to the report, designed to elicit direct action on the part of the Association.

They were as follows, viz:

1. "*Resolved*, That the attention of Medical Colleges be again directed to the resolutions of the Committee on Preliminary Education, adopted by the Medical Convention of 1847, and that they be advised to require from students that they shall, in all cases, produce certificates of Preliminary Education.

2. "*Resolved*, That the several State and County Societies, as well as all voluntary Medical Associations, throughout the country, be advised and requested to adopt the plan proposed by the Medical Society of the State of New York, at its last Annual Meeting, for ensuring due attention to the subject of preliminary education.

3. "*Resolved*, That this Association does not sanction or recognize "College Clinics" as *substitutes* for Hospital clinical instruction, and that the Medical Colleges be again advised to insist, in all instances where it is practicable, on the regular attendance of their pupils during a period of at least six months, upon the treatment of patients in a well conducted Hospital, or other suitable institution, devoted to the reception and care of the sick.

4. "*Resolved*, That it would conduce both to the convenience and advantage of students, if the subjects taught in the Colleges were divided into two series; the one of which should be studied during the first year's attendance on lectures, and the other during the second session. And that examinations should be instituted at the close of the first course of lectures on the subjects taught during that course; certificates of which should be required prior to the final examination.

5. "*Resolved*, That it is the deliberate opinion of this Association, that the plan of examining students for medical degrees in private, and before one Professor only at a time, is highly defective, and should be at once discontinued.

6. "*Resolved*, That examinations for medical degrees should be practical, and that it is desirable, as far as practicable, that they should be conducted in writing as well as *viva voce*.

7. "*Resolved*, That in view of the importance of a due knowledge of practical Pharmacy, the Medical Schools be advised to require from candidates for degrees, that they should produce satisfactory evidence of having been engaged in compounding medicines and putting up prescriptions, either under the directions of their private preceptors, or in the shop of a recognized and qualified apothecary.

8. "*Resolved*, That the interests, both of the public and the Medical profession, would be promoted by the establishment of Boards of examiners in each of the States of the Union, to examine candidates for licenses to engage in the active practice of Medicine and Surgery.

9. "*Resolved*, That the standard of requirements established by the examining Boards of the several States, should be uniform, and that the examinations should, as far as practicable, be conducted in a similar manner.

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10. "*Resolved*, That the examiners should, in all instances, satisfy themselves, that candidates are familiar with the elementary branches of general knowledge.

11. "*Resolved*, That for the purpose of carrying out the objects contemplated in the foregoing resolutions, a Special Committee of seven members be appointed to prepare a memorial and form of law in reference to the subject of the establishment of Boards of Medical Examiners, to be submitted to the Association at its next Annual meeting."

The report of the Committee on Medical Education was accepted, and referred to the Committee on Publication, and the resolutions taken up for action thereon.

In this connection a communication was received from the New York Academy of Medicine, in the form of a series of resolutions, which had been adopted by that body. The resolutions advocated a higher standard of preliminary education, and a separation of the business of *teaching and licensing*, hitherto united in the College Faculties. This communication, together with a letter from Dr. John Watson, of New York, were received and laid on the table.

The resolutions of the Committee on Medical Education, were discussed at considerable length, in committee of the whole, and those numbered 1 and 3 adopted, and the rest either amended, rejected, or laid on the table. The Committee then rose and reported, when on motion of Dr. Alexander H. Stevens, the whole subject of Medical Education, together with the resolutions just acted upon in Committee, were referred to a Special Committee of three, with instructions to report the next morning. The President appointed Drs. A. H. Stevens, G. B. Wood, and J. Knight, the Committee. The communication from the Academy of Medicine, and the letter of Dr. Watson, were taken from the table and referred to the same Committee.

Dr. Stevens in behalf of the Committee, reported back the 1st and 3d resolutions, already quoted, without alteration, and in addition the following:

"*Resolved*, That the Association reiterate their approval of the resolutions in reference to Medical Education adopted by the Convention, which met in Philadelphia, in May 1847, and contained in pages 73 and 74 of the published proceedings of that Convention.

"*Resolved*, That physicians generally, throughout the Union, be advised and requested, to require of those wishing to become their pupils, evidence of a proper general education, before admission into their offices.

"*Resolved*, That in accordance with a resolution of the American Medical Association, adopted May 4, 1847, it is earnestly recommended to the physicians of those states in which State Medical Societies do not

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exist, that they take measures to organize them before the next meeting of this Association.

"*Resolved*, That the State Societies be recommended, after they shall have been organized, to recognize as regular practitioners, none who have not obtained a degree in medicine, or a license from some regular Medical body, obtained after due examination.

"*Resolved*, That the Association recommend to the various Schools of Medicine, to meet at Cincinnati before the next Annual Meeting of this Association."

After much discussion, these resolutions were all adopted, together with the following, which was offered by Dr. T. E. Bond, of Baltimore, viz:

"*Resolved*, That this Association recommend the encouragement of private Medical Institutions, strongly advising that Dispensary Practice be made, as far as possible, a part of the means of instruction."

In connection with the report of the Committee on Medical Education, Dr. Ware, of Boston, presented a paper from the Faculty of Harvard University, against the proposition to extend the annual College terms to *six months*. This communication having been received and referred to the Committee on Publication, on motion of Dr. G. B. Wood, a Committee of three were appointed to write and present to the Committee on Publication, a paper, setting forth the views of the Association in favor of a lengthened term. The President appointed Dr. Samuel Jackson, of Pennsylvania University, Dr. J. L. Atlee, and Dr. A. Stillé, of Philadelphia, the Committee.

This Committee discharged the duty assigned to it, and both papers may be found in the volume of Transactions for 1849.

Besides the reports of Standing Committees already noticed, Dr. L. P. Yandell, of Kentucky, Chairman of the Committee on Medical Sciences, forwarded his report, which, in his absence, was referred to the Publishing Committee without being read.

The annual report of the Committee on Hygiene, was presented and read by Dr. Isaac Parrish, of Philadelphia. It embodied much valuable information in relation to the Sanitary statistics and condition of the more important cities of our country; and had appended, a very lengthy and important report on the sanitary condition of Massachusetts, by Dr. Josiah Curtis, of Boston.

The annual report of the Committee on our Indigenous Medical Botany, &c., was presented by the Chairman, Dr. N. S. Davis, with two papers appended, in the form of Botanical Catalogues of Medicinal Plants, one by Dr. S. W. Williams, of Massachusetts, and the other by Dr. F. P. Porcher, of South Carolina. All these, together with an in-

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teresting paper from Dr. Samuel Jackson of Philadelphia, on the effects of tea and coffee on children and the laboring classes, were referred to the Committee on Publications, and may be found in the Transactions of that year.

On motion of Dr. A. H. Stevens, of New York, three additional Committees were instituted, viz: A Committee of seven, on Forensic Medicine; one of like number on Indigenous Botany and Materia Medica; and another on Public Hygiene.

These, together with the former Standing Committees, were filled for the coming year, by the Committee on Nominations.

It will be seen, both from the number of States represented, and the whole number of delegates in attendance, that the meeting of the Association in Boston, presented a very full representation of the Medical profession of this country, not only as a whole, but also in its several departments and special interests. Hence, its action may be justly claimed as a fair expression of the sentiments of the great body of the profession. It was in view of this fact, that I quoted in detail the resolutions presented and adopted, concerning the all engrossing subject of Medical Education and improvement. In former numbers of this history, I have shown that this subject was the leading one which called forth the movement that resulted in the formation of the Association itself. And further, that in direct connection with the act of organization, the most decided stand was taken in favor of elevating the standard of attainments, both preliminary and medical; of extending the lecture terms in the several Colleges; of making practical Anatomy and Clinical instruction, essential elements in a course of medical study; and of extending and completing the social organization of the profession, throughout the Union. It will be seen by the resolutions adopted and quoted in this number, that the meeting at Boston fully sanctioned and confirmed the action of the primary Conventions in New York and Philadelphia, in reference to all these topics. That the profession demands a higher standard of general education on the part of students of Medicine, a more systematic and complete course of instruction on the part of the Medical Colleges, and a more rigid and disinterested examination of candidates for graduation, there can be no doubt.

The resolutions adopted at Boston and elsewhere, abundantly indicate this. And yet, five years have passed away without the full accomplishment of any one of these objects. There are two prominent reasons for this failure. The first, consists in a disposition to look to the Medical Colleges for too large a share of the action necessary for the accomplishment of the objects desired.

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Instead of regarding these institutions as mere schools for Medical instruction, and demanding of them such action only, as was calculated to render their courses of instruction more systematic and complete, they have been looked to for the practical execution of almost every specific recommendation which has been made by the Association on the subject of education. Thus, of the seven resolutions adopted at Boston, as reported by the Special Committee, of which Dr. Stevens was Chairman, four related directly to the action of the Medical Colleges, two to the further organization and action of State Medical Societies, and one, couched in very general terms, was addressed to the individual members of the profession generally. The disposition to which I refer is well illustrated by the action taken in reference to preliminary education. The Convention at Philadelphia had declared the necessity of a more elevated standard of preliminary acquirements, but had pointed out no special mode for securing its adoption in practice. To supply this defect, one of the County Medical Societies in New York, (I think the Erie County Society, assembled at Buffalo,) appointed a Board of Censors, and made it the duty of all members to require of young men applying for admission into their offices as students of medicine, to bring a certificate from said Board, that they possessed the requisite preliminary education. The same measure was brought before the New York State Medical Society, at its next annual meeting, and resolutions were adopted, requiring all its members to demand of students, before admission into their offices, either a regular diploma from some established Literary Institution, or a certificate from a Board of Censors, that they possessed at least the amount of general knowledge set forth in the standard of preliminary attainments, adopted by the National Convention of 1847; and also, recommending all the County Societies in that State to appoint Boards of Censors for that purpose. It will be seen that the Standing Committee on Medical Education, which reported to the meeting of the Association, in Boston, fully endorsed this plan, and in their second resolution, already quoted, recommended it for adoption by all the State, County, and voluntary Medical Associations throughout the whole country. This was a specific plan, fully within the control of the local profession everywhere, eminently practical in its nature, and well calculated to secure the end proposed; and yet, the Association after adopting a resolution strongly advising the *Medical Colleges* "to require from students, that they shall, *in all cases*, produce *certificates* of preliminary education," rejected this plan, and in its place adopted the very general and vague recommendation, "that physicians generally,

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throughout the Union, be advised and requested to require of those wishing to become their pupils, *evidence of a proper general* education, before admission into their offices." By such action, the Association directly refused to provide or recommend any regular mode, by which the student was to procure the very certificate, which the Medical Colleges were advised to require of him. Of course, the latter have paid no heed to the *advice*, and the subject of preliminary education remains very nearly where it was before the Association was organized, at least so far as regards the adoption of any general or uniform standard. If it was the general practice for students to commence their studies by enrolling their names on the matriculation book of some Medical College, and attending a Course of Lectures on the more elementary branches, such as Anatomy, Chemistry, Physiology, &c., then there would be propriety in requesting the Colleges to require, in all cases, a certificate of proper preliminary education. But it is well known that nine-tenths of all the students, first enter the office of some practitioner, and there pursue their studies from six months to two years, before they attend any Medical College. When they come to the College, they bring to the Faculty letters of introduction from their preceptors, setting forth that they have studied a certain length of time, and possess good moral characters. Suppose it is soon ascertained that one half of them are sadly deficient in their general education; a second look at their letters of introduction and certificates of study, will show that their preceptors are members of the *State Medical Society*, in good standing, and not unfrequently, even members of the American Medical Association. Now, is it reasonable to suppose that the Colleges will ever go back of the private preceptors, and take the responsibility of shutting such students out of their Halls? Certainly not. But they will continue, as they have done, to claim that the responsibility of exacting proper preliminary education is with the profession at large, and that the place to demand evidence of it, is at the door of the office in which the pupil proposes to commence his studies. In this, the Colleges are right, and the sooner the members of the profession can be made to feel their individual responsibility in the matter, the better for all parties. And this leads directly to what we deem the second great cause of failure in our efforts to improve the education and usefulness of the profession, viz: the absence of a due sense of individual responsibility, and of a willingness to act up thereto, on the part of the great mass of medical practitioners.

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It is a very easy matter for men to assemble in Conventions and Societies, and declare abstract truths in formal resolutions.

For instance, nothing is more easy than for anti-Slavery men to meet and resolve that slavery is a great moral, social, and political evil. But to devise a practicable mode of doing it away, which shall be *just* to all parties, is a task defying the profoundest intellect, and the purest philanthropy.

So to, it is very easy for medical men to meet and declare in formal resolves, that the standard of education, both preliminary and medical, is *too low*—that the Colleges ought to require this and that. But so long as they not only feel no *individual* responsibility in the matter, but return to their homes and send directly from their own offices, young men to the Colleges, who are grossly deficient in almost all the elementary branches of knowledge, they must not only expect to see their resolves unheeded, but they need feel no surprise if some wanton critic should liken them to the *Lawyers* of old, who were accused of "*binding heavy burdens and placing them on other mens' shoulders, while they, themselves, would not so much as touch them with one of their fingers.*" We have no apologies to offer for the many delinquencies of the Colleges; but all the defects of the profession are, by no means, attributable to them. Neither can they be all removed by any action of these institutions. To effect this, the profession at large, and in their individual capacity, must, not only resolve, but *act;* and that too, under a proper sense of personal responsibility and influence.

Albuminuria: Congestion and Hypertrophy of Kidneys: Bright's Disease: Fatty Degeneration. BY JOHN H. GRISCOM, M. D., of New York.

The investigation and development of the branch of medicine indicated by the above terms, afford one of the most gratifying instances of the advance of modern pathology: fresh fields of observation are opened to us, and we are supplied with new and most valuable means of arriving at correct diagnosis, in a class of ailments, which, though of highly important character, and by no means infrequent, have, until very recently, been almost a *terra incognita.* The elaborate investigations and fertile results of the labors of Bright, Prout, Christison, and numbers of others, including several able pathologists in our own country, in this

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line of observation, have gone far to settle the question of the true nature and frequency of renal disorders, and direct us the mode of their examination.

It is not my intention, and it would be presumptuous in me, after their elaborate publications, to attempt an Essay on these diseases. My object in this paper is simply to offer some remarks on the subject of Albuminuria, especially in relation to its true value as a diagnostic symptom in diseases of the kidneys, together with a criticism upon the propriety of the use of the term as it is now commonly employed; what I have to say being founded chiefly on the observation of a few cases of renal disorder, which came under my care during my attendance at the New York Hospital, in the first three months of the present year.

The term "Albuminuria," has of late come into very common use as the cognomen of a disease, or some one of a class of diseases, recently found to be of frequent occurrence. When, some years ago, this branch of medical inquiry was first presented to the notice of the general practitioner, the fact of the existence of albumen in the urine, was believed by many to be the disease which was to be treated,—that it was dependent upon some functional disturbance of the kidneys, whereby in some obscure way this substance was eliminated from the blood, or generated *de novo*, by the secerning vessels, and deposited in the urinary current. To counteract this tendency to its formation, was for a time, the chief object aimed at in the treatment; and if successful in this, the disease was believed to have been removed. Hence the class of remedies which, under this view, were indicated, consisted of those which were presumed to have the power to neutralize, so to speak, the supposed subverted chemical influence, which resulted in the elimination of the albumen. It was, however, soon seen that this was a very unphilosophical view of the symptom, and although the precise mode in which the albumen finds its way into the urine, is yet unsettled, and the nature of its connection with the nephritic disorder is unexplained, yet it is of much value as a *finger*, to point to the most probable source of the patient's disturbance of health.

The employment of the word as a diagnostic term, is therefore erroneous; it does not partake of the accuracy which should always, as far as possible, characterize medical language. It represents rather a symptom than a disease. Albuminuria means simply *albumen in the urine*, and is derived from the mere fact that on the application of nitric acid, heat, or other proper reagent, to the urine of the patient, albumen is coagulated, and is precipitated in greater or less quantity. But the im-

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mediate source of this stranger, in this secretion, is not explained by the term. That it is ultimately derived from the serum of the blood, may be readily supposed, but whether it finds its way with the urine through the kidneys, (and if so, whether by a physical or pathalogical process,) or whether it is deposited in the bladder from the circulating vessels of that viscus, and there mingles with the urine previously deposited from the ureters, are questions upon which sufficient light has not been shed. Certain it is however, that albuminous urine is not a pathognomonic symptom of any disease, as the cases I shall give will show, much less can it be called a disease itself. With equal propriety might anasarca be denominated a disease, when we know it to be only the *result* of some disorder not indicated by the name. To determine the true value of albuminuria as a symptom, it must be compared with others, and such weight only be given to it, as it may be found, corroborative of them. Alone, it leads to uncertain and even contradictory conclusions. It is common to more than one disorder, diverse both in nature and indications of treatment.

This is exemplified by the two following cases of nephritic disease, which present some points of similitude, especially that of urine deficient in quantity and copiously albuminous, but which differ widely in their real nature.

Case 1. Harriet Savage, æt. 16, single, admitted into the Hospital, March 2d. About two months before, she perceived the commencement of general anasarca. She had not been previously sick, had had no pain in the lumbar region, nor any trouble in chest or abdomen. She had never menstruated. When admitted, the whole body was enormously bloated, especially the face and neck, which were œdematous to a remarkable degree, giving her the appearance of a very fat old woman. She could speak with very great difficulty, and her respiration was accompanied with gurgling, referrible to œdema of the glottis and posterior fauces. Is now very deaf. Urine very scanty, not a half pint in 12 hours, and deposits albumen abundantly, by heat and nitric acid. Sp: Gr: 1018. Patient very much exhausted by the fatigue of removal, and threatened with suffocation from the accumulation of fluid in the lungs, and about the air passages. Diaphoretics and counter irritants were the only admissible means of treatment, under which she improved a little for two days. The improvement was however, but temporary, as four days after admission she died, literally drowned in her own fluids.

The autopsy revealed enormous effusions into the cavities of the chest

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and abdomen, as well as into the subcutaneous cellular tissue, which latter presented, under the knife, exactly the appearance of a fresh cut, very juicy, orange. The organs generally were exsanguineous, except the liver, which exhibited very considerable congestion of the portal system. The kidneys were greatly hypertrophied, weighing, one, eight ounces, and the other ten ounces, *but no traces of fatty deposit were discernible.*

Case 2. George Saffler, æt. 25, seaman, was brought in, March 25, at 11 o'clock, P. M., by the Police, who found him lying in the street. He was apparently drunk when admitted. Respiration labored, sighing, pulse eighty, full; skin warmer than natural, dry; could only tell his name and birth-place; pupils natural, eyes rolled up; apparently, there was entire suppression of urine; he passed none after admission. A very little was drawn off by the catheter, tested with nit: acid, and found to be almost wholly albumen. Sp. Gr. 1012. The next day he was entirely comatose; pupils insensible. Tracheal rale; feet and face œdematous. Fifty hours after admission, he died.

The autopsy showed both kidneys enormously enlarged, weighing each, 16 ounces, pale, hard, with the tubular structure much encroached upon by the cortical portion, *which was abundantly studded with fatty granular masses*, presenting a rarely perfect specimen of this peculiar degeneration.

The kidneys in these two cases, presented two very diverse conditions of disease, one being, and the other not being, in a state of fatty disorganization, yet the urine in both cases, yielded albumen abundantly. Much other testimony might be adduced both from books and unreported cases, to show the non-reliability of this symptom in the diagnosis, and of course in the treatment of nephritic diseases; as for example, the observation of Drs. Christison and Carrigan, that the presence of albumen in the urine was not in itself a proof of organic lesion;—and it has even been remarked by Dr. Prout, that the *re-appearance* of albumen in the urine, was a favorable symptom;—but it is unnecessary to enlarge proofs on this point.

The tendency to, or the existence of, a deposition of fat in the secreting cells, and in the uriniferous tubes, though a very distinct disorder from congestion or inflammation of the kidneys, both are of very serious moment, call for very different treatment, and may afford very different prognosis from each other; one being an organic, the other rather a functional disorder.

On the other hand, the kidneys are sometimes found greatly diseased,

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without the presence of albumen in the urine. Cases of granular degeneration in a marked degree, are sometimes observed, without any trace of albumen before death, even where the body was highly anasarcous, and serous effusion in every large cavity oppressed the patient.

The result therefore is, that this test, so easily made, and apparently at first sight, so very conclusive of organic or functional disturbance of the secreting organs, cannot be relied on as a *pathognomonic* sign; that its evidence must be corroborated by other testimony, in order to enable us to arrive at a correct diagnosis.

To obtain this further testimony for the establishment of a correct diagnosis, the microscope affords the only means at present known to us. There are indeed various other tests of the changes which from time to time occur in the chemical composition of the urine, but in the field of this instrument only, can be obtained the evidence which is to settle the question of the true pathological state of the urinary organs. What the relative appearances are under this test, of the different states of disease to which these organs are subject, it is not my intention here to state; it would be at best but an imperfect recapitulation of them from the able authors whose works are, or should be, found in every Medical Library. The microscope, moreover, is not accessible to the great mass of practitioners, especially to those in country ridings. In cities they are to be found in several public institutions, as well as in the hands of private practitioners, and may be readily consulted.

Inasmuch, however, as, except the microscope, we have as yet no reliable means for the detection of the peculiar substances, especially the fatty particles, which constitute the chief indications of difference between the various renal diseases, it is to be hoped that the attention of ingenious men will be directed to the subject of some more accessible method of distinguishing them.

In the mean time, and in the absence of more definite resources, a ray of diagnostic light may perhaps be extracted *from the progress of the case while under treatment*, especially in its early stages.

It will be remembered that the principal object is to determine whether the disease of the kidneys, in the case before us, is functional, or structural; whether it is a simple congestion, or inflammation, or a physical disorganization; whether it is a case of fatty degeneration, or not. The microscope, by revealing the physical products of the diseased action, will most certainly determine the question. But in the inaccessibility of this test, have we any other source of light?

So far as I have observed these cases, there appears to be a result of

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treatment, which, though subject of course to variation, presents some degree of uniformity, from which a diagnostic inference may be drawn. Thus it has been observed, that in one portion of the cases in which the presence of albuminous urine seemed to indicate the existence of nephritic disorder, the influence of treatment in increasing the amount of urine was generally much more prompt and decided than in the others. It will readily be inferred, that these are the cases in which the kidneys are *functionally* rather than *organically* deranged. Though the general condition of the patient may be very similar, in most respects, both presenting anasarca, deficient urine, mostly freedom from local pain, more or less dyspnœa, &c. and the general indications for treatment, also much alike, yet it is found that one class of these cases, the simple inflammatory or congestive, in distinction from those of the fatty disorganization, far more readily respond to efforts to re-open the closed secretions, than do the others. The two following cases will illustrate this point.

Case 3. Carl Luckner, seaman, admitted, Feb. 28. One year ago, while in the West Indies, he first noticed some puffiness about the neck, near the parotid gland, and under the lower jaw, which spread downward over the surface of the body. He was relieved in a Hospital at Hamburgh, and well for about six months. Three days before admission into the New York Hospital, he was again attacked in a similar manner. He has never noticed any affection of heart, lungs, liver, or kidneys. There is no general œdema. The quantity of urine on admission was small, with an acid reaction. Sp: Gr: 1018, albumen 250: 1000. The patient's general condition is good,—he is strong and ruddy. A microscopic examination of the urine developed only lithic acid crystals in abundance, no fatty matter being discernible. He was treated for the first fortnight with diaphoretics and diuretics, consisting chiefly of the vapor bath; Spts: Minder:, and infusion of Diosm:, Cren: with no improvement in the quantity of urine, until he was bled to the extent of 8 or 10 ounces, about a fortnight after admission, when the quantity rose in three days from less than one pint to two pints and three quarters pints, and in the course of the next fortnight, to six and three quarter in 24 hours. The œdematous effusion diminished, and the patient soon left his bed.

Case 4. P. A. F. æt 53, admitted, Feb. 20. One week previously complained of pain in the epigastrium, slight soreness of throat, and immediately noticed œdema of face and feet. No febrile excitement accompanied these symptoms. He attributed the attack to cold and over

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exertion in nursing a relative for several weeks, under arduous circumstances. Gave up work three days ago. On admission find the pulse natural, skin moist and warm; œdema of the feet, face, and abdomen; cough and dyspnœa, with sonorous ronchus over the chest, and mucus rale at base of both lungs; countenance pale; urine of fair color, one pint and a half in 24 hours, with free albuminous reaction by heat and nitric acid—Sp: Gr: 1013. No cardiac complication, nor hepatic disturbance, appetite fair. Under the usual course of diuretic and diaphoretic treatment, aided by an occasional hydrogogue cathartic, the patient's general condition improved considerably—the œdema subsided somewhat, though it never disappeared, but the quantity of urine voided in 24 hours, *could not be raised above two and a half pints at any time*, and was rarely over two pints. Its microscopic examination developed cells containing fat in abundant quantity,, with casts of uriniferous tubes, and blood corpuscules. As the œdema of the external cellular tissue subsided, œdema of the lungs supervened in a more decided degree, complicated at last with pneumonia, under which he sank comatose, 40 days after admission, having passed no urine at all, in the last 36 hours of his life.

The noticeable points in these two cases, in contrast with each other, were *first*, the absence, under the microscope, af any trace of fatty matter, or other disorganized substance, in the one case, and their abundant appearance in the other; and *secondly*, the ready restoration of the secreting power of the kidneys in the one case, and its failure in the other. My argument assumes that there is a more or less intimate relation between the pathological condition of the kidneys, and the result of the treatment, in both cases, and that from its success in the one, and its failure in the other, an inference may be drawn of the organic or inorganic nature of the disorder. This idea is not based upon the observation of these two cases alone, (which are presented as illustrations merely,) though it is, confessedly, upon an extent of observation, insufficient for a settlement of the question. Nor, indeed, could this rule, though based upon a very general observation, be expected to be uniform, for though in cases of fatty degeneration, the restoration of the secreting power can never be reasonably expected; in many cases of the other class of disorders, the derangement may have proceeded to such a height as to render the difficulty insurmountable. In such cases, the suggested diagnostic observation must fail, though it will generally render the prognosis more certain. But upon a *prima faciæ* consideration, a restoration of the secreting function would seem far more likely in a case of

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mere congestion or inflammation, or even hypertrophy of the kidneys, than in one of granular degeneration. I submit thought for what it may be worth, desiring only to lend a little aid in the development of this new but highly interesting field of study and practice, and in the hope that others may either confirm or disprove its value, as facts may warrant.

Observations on the medical virtues of some of the most prominent Indigenous Vegetables grown in Vermont.

By ARIEL HUNTON, M. D.

NUMBER III.

NARCOTICS.

Solanum Nigrum,—*American Nightshade.* This article is an annual plant, by some classed among the exotics, but I think it is a native. The stem is branched, glabrous, leaves ovate, berries abundant, and black when ripe; has the rank narcotic odor, placed in the fifth class in Botany, which contains many narcotic, or poisonous plants.

I use this plant solely in the bone ointment, we have male and female Cancer *Doctors*, who use escharotics and caustics to displace a pimple on the face, calling it a cancer, and use the inspissated juice, as an alterative, and in a plaster to the part, to blunt the virulence of the caustic application.

Datura Stramonium,—*Jamestown weed,* is a narcotic of much activity. This is also an ingredient in the bone ointment, and indispensable. I use the inspissated juice more than any other narcotic, opium excepted. I administer it in pills the bulk of one half kernel of wheat, or enough to slightly dilate the pupils, preferably to any other narcotic in neuralgia.

The leaves simmered in lard are excellent in piles, boiled in water applied in a fluid state, or in the form of cataplasm to painful tumors, or phlegmons will usually assuage pain; a tincture of the seeds, or leaves is used as a substitute for the inspissation.

Hyoscyamus Niger,—*Black Henbane.* This is a naturalized plant, and much used as a narcotic; the infusion, tincture, and extract are all in repute for the relief of painful and obstinate inflammations; the internal use of this article, as well as stramonium will promptly allay irritation, and is preferable to opium in costive habits, as it does not constipate the bowels; in large doses it occasions a disagreeable dryness in the mouth, and fauces.

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Cannabis Sativa,—*Hemp.* This is an ingredient in the ointment of which a recipe follows. It is proper to state that this is a naturalized plant sensibly narcotic, and the seeds contain a mucilage. It is a plant of some activity, belonging to the *Diœcious* Class, and may be employed with advantage externally in painful affections.

In treating of narcotics, I omit Digitalis Purpurea, Conium, and several others, intending to describe those used in the ointment I have mentioned, which is principally composed of narcotic and mucilaginous vegetables, with a few vulneraries.

MUCILAGES.

Some of our vegetables contain a greater quantity of mucilage in the same bulk, or weight than others; but the medical virtues of all pure mucilages is the same; internally they blunt the acrimony of humors, lubricate the mouth and fauces, and prevent friction in the act of coughing. Externally they soothe the anguish of cutaneous eruptions, also in denuded surfaces, where inflammation succeeds vesication, scalds, burns, &c. They are useful in most of the diseases of the renal, and urinary organs, and always a safe prescription, in any ailment.

Ulmus fulva,—*Slippery Elm.* As to the quantity of mucilage, this article stands at the head of this class of medicines among us, for we have not the sassafras, of which the pith of the young shoots contains more mucilage than any other substance, if we except Tragacanth.

Slippery elm water is much used in this vicinity, in the complaints above enumerated, in regular, as will as domestic practice.

Abies balsamea,—*Canada Balsam, Fir tree,* the bark of which, aside from the balsam, contains a large quantity of mucilage, which it readily yields to cold water by stirring. A small tree in the open land, where it has the direct influence of the sun, contains a far greater quantity of mucilage, than one from the forest; the fir water, or tea, is a safe and efficient expectorant in nearly all lung diseases, especially for children, it being not unpalatable. I have used this remedy with others in pneumonia, and pleurisy where an expectorant is demanded, with marked success, for many years.

Althea Officinalis,—*Marsh Mallow.* The various species of mallows contain a mucilage, is an ingredient in the bone ointment, and is used as any enema in dysentery, or any irritation of the rectum.

Cattail flag, the root—botanical name not known by me,—this article contains a large proportion of mucilage. The roots bruised, or pounded in a mortar, then immersed in cold water, or simmered until soft, are applied

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in form of a cataplasm, to inflamed surfaces, without any addition particularly to burns, and is in frequent use for such purposes.

Portulacca Aleracea,—*Garden Purslane,* is an esculent plant, containing mucilage in abundance, is used for the same purposes, as the last described, bruised, with no addition except water, applied to inflamed surfaces as a cataplasm.

Prunella Vulgaris,—*Heal-all.* I am not sure I have the proper botanical name of this plant; it grows in our pastures and mow-fields,—height from six to ten inches; a head the bigness of a man's thumb, about one inch in length; blue labiate blossoms standing out horizontally from the head; belongs to the class didynamia; contains a mucilage.

Sempervirens Tectorum,—*House leek,* a mucilaginous plant.

Symphytum Officinale,—*Comfrey,* the same medical class.

Viola Tricolor,—*Heart's ease,* contains a mucilage.

The three last are mentioned, because they enter into the formula of the ointment, and quite a number of articles used are not described in the above list.

Following the above descriptions, I will give a recipe of the *Kittrege Bone Ointment,* which has been used with celebrity by men of that name in New England for more than a century; it is used by them and others in contusions, sprains, fractures, dislocations, phlegmonous inflammations, &c. In obstetricy, it is very useful to lubricate the vagina and perineum, it facilitates dilation, and mitigates the pains in the passage through the vulva. The tenderness usually experienced by females in the vagina after parturition, is promptly relieved by an application of this ointment, per vaginam.

RECIPE FOR THE KITTREGE BONE OINTMENT.

℞ Melilotus Officinalis,	Lillium Flavum, rad.
Malva Sylvestris,	Anthemis Nobilis,
Salvia officinalis,	Artemisia Absinthium,
Nicotiana Tabacum one large plug,	Solanum Nigrum, American Night-shade,
Humulus Lupulus, fol.	Viola Tricolor,
Plantago Major, "	Hypericum perforatum St. John's wort,
Sambucus Canadens. "	Sempervirens Tectorum,
Aretium Lappa, "	Datura Stramonium,
Rumex Acestus, "	Prunella Vulgaris—à à pugil.
Symphytum Officinale, fol.	
Hyoscyamus Niger, "	
Cannabis Sativa, "	

The recipe, it will be observed, is a farrago of narcotic and mucilaginous vegetables, and a few vulnerary herbs and roots. They should be

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gathered the last of July or first of August, when the virtues have attained maturity, and the articles are in full vigor. There should be enough of the articles to fully saturate the lard, and they should be used while green. I seldom obtain all the articles—the most essential are the narcotic and mucilaginous. I usually make ten pounds each year. My recipe was originally from Dr. Jonathan Kittrege, of Canterbury, New Hampshire.

Put your herbs in an iron vessel, with a cover, add one gill of water to obviate incineration, add your lard or butter the quantity you intend to prepare, simmer over a slow fire a long time, at least two days, and until the herbs are fried, or crisped, then strain with pressure.

At this warm season, after the the morning or evening repast is cooked the fire is suffered to subside, I then set my pot over the fire, and let it remain until the fire goes out. I do this every day, or twice a day, for two or three weeks, stirring the herbs occasionally.

I have used this ointment forty years, and can speak in its favour. I believe that any physician who will take the trouble to prepare the article and use it as directed, will be amply paid for so doing.

HYDE PARK, VERMONT, *July*, 1854.

BIOGRAPHY.

Biographical Sketch of John C. Warren, M. D., Third President of the American Medical Association.

DR. JOHN COLLINS WARREN, was born in Boston on the first day of August, 1778; his family were among the earliest inhabitants of that city. His father, Dr. John Warren, was in the public service as a surgeon, during the whole Revolutionary war, became a physician in Boston, and was the first Professor of Anatomy in New England. His mother was the daughter of Governor Collins, of Rhode Island. General Warren, who was killed at Bunker Hill, was the elder brother of Dr. John Warren, and was himself an eminent physician and surgeon of Boston.

The subject of this memoir, having received the preliminary education at the Boston Public Latin School, where he obtained the first Franklin Medal, (a distribution made according to the Will of Franklin, to meritorious scholars,) entered Harvard University, from which he graduated in 1797. After obtaining the elements of anatomical know-

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ledge at home, he visited Europe, where he entered Guy's Hospital, in London, as a pupil of William and Sir Astley Cooper. At that period, Cline, Abernethy, Home, &c., were on the stage in London; the Munroes, Gregory, Duncan, and the Bells, in Edinboro'; Cuvier, Bichat, Chaussier, Dubois, Alibert, Desfontaines, in Paris; to all of whom he had an opportunity of listening.

Returning to Boston in the latter part of 1802, he entered at once into the full practice of medicine and surgery, and married in 1803, the daughter of the Hon. Jonathan Mason, then Senator in Congress. In 1806 he was chosen Recording Secretary of the Massachusetts Medical Society, and the same year was appointed Adjunct Professor of Anatomy, as colleague to his father. Drs. Warren, Dexter, Jackson and J. C. Warren, then united, to request the government of Harvard University to establish a branch of the medical school in Boston, as previously it had existed only in Cambridge; this was done in 1810. They also took the first steps towards connecting a practical school to the Medical Institution, by taking charge of the Hospital of the Alms-House. In 1808, was published the Pharmacopœa of the Massachusetts Medical Society, which had been prepared by Drs. Jackson and J. C. Warren. About this time, Dr. Dexter declined the office of Professor of Chemistry, and Dr. Gorham was appointed his successor.

The first Anatomical Lectures in Boston, were given (1809) over the shop of a chemist, 49 Marlboro' street, and the first public dissecting room was opened in the same place by Dr. J. C. Warren. From this period to about 1820, a regular series of steps was taken towards the formation of a Hospital; and the principal gentlemen of Boston entering with spirit into the matter, established two Hospitals, one for the sick, the other for the insane. The McLean Asylum, for the insane, was opened at Somerville in 1818, under the charge of Dr. Rufus Wyman, as Superintendent and Physician. The Massachusetts General Hospital was opened in September 1821, in Allen street, Boston; to this institution Dr. Jackson was appointed Physician, and Dr. J. C. Warren, Surgeon.

In 1815, occurred the death of Dr. John Warren, then President of the Massachusetts Medical Society, and Dr. J. C. Warren was chosen Professor of Anatomy and Surgery, lecturing at the same time on midwifery and physiology. In the same year, 1815, was erected in Boston, the Massachusetts Medical College, a substantial brick edifice belonging to Harvard University, the funds for which, were chiefly procured by the appeals of Drs. Jackson and Warren.

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In 1827, Dr. J. C. Warren was chosen President of the Massachusetts Temperance Society, a situation which he still continues to hold after the lapse of twenty-seven years. In 1832, he was chosen President of the Massachusetts Medical Society, and resigned his office in 1834.

After having labored in his profession thirty-five years, he went to Europe in 1837, with his family, to renew his acquaintance with his old friends, and to obtain new ones. From this visit he returned in the latter part of 1838, and resumed the lectures on Anatomy and Surgery.

The death of Mrs. Warren occurred May 8, 1841. During the thirty-seven years and a half of married life, there were born unto them three sons and three daughters. In October 1843, Dr. Warren espoused for his second wife, Anna Winthrop, daughter of Governor Thomas L. Winthrop. She died December 17, 1850.

In 1846, Dr. Warren performed the first surgical operation with ether. In 1847, he was chosen President of the Boston Society of Natural History, an office which he continues to fill with unabated interest. In the same year, being then nearly seventy years old, he resigned the office of Professor of Anatomy and Surgery, and soon after presented his Anatomical Museum, (the acquisition of half a century, and supposed to be worth at least ten thousand dollars) to Harvard University, for the benefit of the Medical School, with the sum of five thousand dollars to keep it in order.

As President of the American Medical Association for the year 1849–50, he delivered the Annual Address before that body, at their meeting in Cincinnati, in May, 1850.

In January, 1853, he resigned the office of Surgeon to the Massachusetts General Hospital; whereon the Trustees of that Institution presented him a vote of thanks, and placed his bust in their Hall.

The following is an accurate list of Dr. Warren's publications, viz:

1. Cases of Organic Diseases of the Heart. 1809, pl. 2. p. 109.
2. Description of an Egyptian Mummy. 1821, pl. 2, p. 36.
3. Description of the Siamese Twins. 1829, pl. 1, p. —
4. A comparative view of the Sensorial and Nervous Systems in men and Animals. 1822, pl. 8, p. 159.
5. A letter to the Hon. Isaac Parker, Chief Justice of the Supreme Court of the State of Massachusetts, containing remarks on the Dislocation of the Hip-Joint, &c. &c. 1826, pl. 5. p. 142.
6. Surgical Observations on Tumors, with Cases and Operations. 1837, pl. 16. p. 607.
7. Physical Education and the Preservation of Health. 1846. p. 90, 12 mo.
8. Etherization; with Surgical Remarks. 1848. 8vo. p. 100.

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9. Effects of Chloroform and of strong Chloric Ether as narcotic agents. 1849. 8vo. p. 66.

10. Remarks on the use of Alcohol in the Preparation of Medicines. 1849. 8vo. p. 8.

11. On the Prevention of Constipation. 1850. 8vo. p. 16.

12. Address before the American Medical Association, at Cincinnati. 1850. 8vo. p. 65.

13. The Mastodon Giganteus of North America. 1852. qto. pl. 27, p. 219.

14. Address to the Boston Society of Natural History. 1853. 8vo. p. 48.

15. The Preservation of Health; with remarks on Constipation, old age, use of Alcohol in the preparation of Medicines. 1854. 12mo. p. 140.

16. Remarks on some Fossil Impressions in the sand-stone rocks of Connecticut river. 1854. 8vo. p, 54, pl. 3.

1824 and 1846. Some account of the Medical School in Boston, and of the Massachusetts General Hospital. 8vo.

NON SCIENTIFIC.

1804. The Monthly Anthology and Boston Review—co-editor.

1821 and 1822. The Gospel Advocate, conducted by a society of gentlemen.

MEDICAL PAPERS COMMUNICATED TO MASSACHUSETTS MEDICAL SOCIETY.

1806. History of a wound of the Femoral Artery. No. 2. part 1. pp. 40–48.

1807. Case of Strangulated Crural Hernia. part 3, pp. 44–51.

1808. Report on Vaccination, in concert with Drs. Warren, Dexter and Jackson. No. 2. part 2, Appendix, pp. 89–138.

1810. Report respecting a disease commonly called Spotted or Petechial Fever, &c. &c., with cases; in concert with Dr. Thomas Welsh and James Jackson. vol. 2, Art. xi. pp. 111–234.

1810. Letter to a Republican member of the House of Representatives of Massachusetts, on the establishment of a new College of Physicians in Boston.

THE NEW ENGLAND MEDICAL JOURNAL.

Vol. I. A. D. 1812. Cases of Apoplexy with Dissections, p. 34–41 and p. 154–159.
Cases of Organic Diseases of the Heart and Lungs. pl. 1. p. 120—130.

Vol. II. A. D. 1813. Observations on some diseased Eyes. p. 271–277.
Collections of Morbid Anatomy. p. 153–161.

Vol. III. A. D. 1814. Account of the Appearances, on the examination of ancient Dislocations of the two ossa humeri, in the same subject. p. 145–151.

Vol. V. A. D. 1816. Observations on some disorders of the eyes. p. 148–155.

Vol. XII. A. D. 1823. A case of Aneurism cured by ligature of the external iliac artery. pl. 1. p. 225–229.

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. I. A. D. 1828. Cases of Neuralgia, or painful affections of Nerves. pl. 1. p. 16.
Some Observations on Ulceration of the Kidneys, with cases. p. 465—472, 481—489.

Vol. II. A. D. 1829. Facts relating to the Influence of decomposing Animal Matter in producing Fevers. pp. 1—7, 17—24, 33—39.
Cases of Neuralgia, or painful affections of Nerves. pp. 97—102, 113—118, 129—135, 145—151, 177—185.
Nosological Place of Neuralgia. p. 209.

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Vol. III. A. D. 1830. Influence of the climate of St. Augustine, Florida, on pulmonary affections. p. 713–718.
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Vol. IX. A. D. 1845. Cases of Strangulated Hernia, with some remarks, principally intended to show the necessity of an early resort to the operation. p. 13–29.
Vol X. A. D. 1845, Peculiar case of Gelatiniform Cancer, in which nearly all the organs of the body contained colloid tumours, with the appearances on dissection. p. 527–531.
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On First vol. Transactions of the Royal Society. April 5, 1848.

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Vol. II. April 6, 1852. Visit to the Eppelsheim fossils and Dinotherium Giganteum, p. 305–310.

MEDICO-CHIRURGICAL TRANSACTIONS.

Published by the Royal Medical and Chirurgical Society.

Vol. XXVII. 1844. Peculiar case of Gelatiniform Cancer, in which nearly all the organs of the body contained colloid tumors, with the appearances on dissection. p. 385–398.

Vol. XXIX. 1846. 11. History of a case of ligature of the left subolavian artery, between the scaleni muscles, attended with some peculiar circumstances. p. 25–36.

PROCEEDINGS OF MEDICAL SOCIETIES.

Extracts from the Minutes of the New York Pathological Society.

June 14th,—*Dr. Allin* presented a specimen of cystic sarcoma, removed from the right groin of a man at the N. Y. Hospital, by Dr. Van Buren.

Some months since, several small tumors were noticed in the groin but soon disappeared. Four months ago, the present tumor was observ-

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ed. It was soft and unaccompanied by pain. It gradually increased in size, until pressure on the veins caused œdematous effusion in the cellular tissue of the thigh and leg, with local pain. The tumor was free, having no apparent attachment to the skin. After removal, it was found to be made up of serous cysts, mainly connected with each other by cellular tissue, the smaller cysts adherent to the walls of the larger. There were two or three small masses of more condensed tissue, exciting a suspicion of malignancy regarding the tumor.

Dr. Isaacs, who had submitted the specimen to microscopical examination, did not find in it well marked cancer cells. He thought that the tumour originated in an enlarged lymphatic gland.

Dr. Sayre, presented a kidney, taken from a woman æt. 28, who had died of chronic inflammation of the bladder. Inflammation of the kidneys was also suspected. After death, the bladder was found highly inflamed, and there were numerous abscesses throughout the substance of the kidneys. The cavities were lined with membrane, and contained a cheesey pus. Tuberculous deposits over the peritoneum were abundant, and led to the suspicion that the abscesses were also tuberculous. Dr. Sayre inquired if tubercles were often deposited in the kidney?

Dr. Markoe had seen several cases.

Dr. Isaacs had seen about a half dozen.

Dr. Bauer had recently seen a case of fracture within the capsule of the neck of the femur, which had united by bony union, without deformity.

June 28.—*Dr. Johl* presented for *Dr. Finnell*, a portion of the brain of a man, who, while intoxicated, was knocked down by a blow under the ear, and fell heavily to the side-walk, striking his head. He died in about thirty minutes. On removing the calvaria, the surface of the brain was seen to be scarlet from the intense congestion of its capillaries, but there was no clot found, nor any collection of blood in the sinuses, nor was there any fracture of the skull.

Dr. Jenkins exhibited for *Dr. Finnell*, the uterus, bladder, and an enlarged and tuberculous mesenteric gland, removed from a girl æt. 18 years, who died of effusion into the ventricles of the brain. She had never menstruated. The tubercular deposit existed in several of the mesenteric glands, but contrary to Louis' law, not a trace of tubercle was found in either lung. The walls of the bladder were thickened, and its cavity was contracted. The cavity of the uterus was very small, hardly large enough to contain a peach pit. Though not menstruating

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normally, the patient had a sanguinolent discharge *monthly*, from scrofulous cervical glands.

Dr. Sayre exhibited a portion of the right lower maxilla, removed by him from a gentleman æt. 52 years. He had been always healthy, and had no hereditary taint. Fourteen years since, a small tumor appeared on the right maxilla, between the first and second incisors, and increased slowly in size, until one year since, when it had obtained the size of a nutmeg.

As it began to grow more rapidly, one of the incisors was removed, from the socket of which there was much hemorrhage which was stopped with some difficulty. With the growth of the tumor, the bone became absorbed, and its periosteum distended, fluctuation being also present. A puncture let out blood and a milky fluid. Dr. Sayre removed the tumor soon after, now of the size of a lemon. The wound has healed well, without much deformity. On laying open the tumor, its interior was found to be made up of cells, two of them large and lined by a distinct membrane. There were numerous smaller dilatations occupying the whole tumor. From the favorable healing of the wound, and the previous good health of the patient, Dr. Sayre was inclined to make a favorable prognosis, but had submitted the tumor to Dr. Markoe for examination.

Dr. Markoe said, that the examination of a superficial portion of the tumor while fresh, showed it to be the fibro-plastic tumor of Lebert. The inner portion of the tumor had not been examined, the specimen having been put in alcohol, before it was laid open. Dr. Markoe had removed a tumor of the jaw, similar in appearance to this, and on examination found it unequivocally malignant.

Dr. Sims thought that malignant growths in the maxilla were rare, in comparison with non-malignant tumors of the region.

Dr. Markoe stated, that malignant growths of the maxilla had not the serious character and tendency to reproduction, possessed by other malignant growths.

Dr. Markoe exhibited a tumor of the cerebellum, removed P. M. from a young lady æt. 14 years, and narrated the following history of her illness. Three years before death, slight symptoms of declining health were manifest. She had attacks of headache with nausea, recurring at intervals of about four weeks. They disappeared on going into the country, and she seemed to have entirely recovered. But on her return to school in town, her former symptoms recurred, the paroxysms becoming a little more frequent, until one year before her death. She

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now was observed to hesitate somewhat in walking, the motion of one limb being evidently embarrassed. The paroxysms of head-ache soon became more severe, and were prolonged to 4 or 5 hours, during which nausea and retching were persistent. Five months before death, slight convulsive action was noticed. The patient seemed in the intervals between the paroxysms, which occurred now every 4 or 5 days, nearly as well as ever. Slight feverishness was now occasionally observed. A month before death, she had a paroxysm which lasted four days, then was pretty well. She died in a stupor, after a paroxysm, her intellect not having become impaired up to this time.

Examination P. M. There were ℥vj. of water in the ventricles, but no morbid appearance in the substance of the brain. On the upper part of the cerebellum was a spheroidal tumor, pressing down through the 5th ventricle upon the medulla oblongata. It was of the consistence of jelly surrounded by a fibrous cyst. After having been hardened in alcohol, its section shows it to be cerebriform in appearance. Dr. Markoe thought it noticeable, that while the morbid cause was constant and progressive, the symptoms of disease were only periodical.

NEW YORK, *July*, 1854.

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1. *Transactions of the Iowa State Medical and Chirurgical Society. Third and Fourth Sessions, held at Fairfield, May*, 1852, *and Davenport, June*, 1853. Burlington; Telegraph Printing Co. 1854. pp. 48.

2. *Transactions of the Medical Association of the State of Alabama, at its Seventh Annual Session, begun and held, in the City of Montgomery, January* 10–12, 1854, &c., Mobile; Dade, Thompson and Co., Printers. pp. 190.

3. *Transactions of the Medical Society of the State of New York, at its Annual Meeting in the City of Albany, held February*, 1854. Albany; Charles Van Benthuysen, Printer to the Legislature, 1854. pp. 150. (Public Document.)

Iowa, a few years ago, was a wilderness—a "boundless contiguity of shade," save where a bright prairie, those beautiful flower-gardens of nature, served for pasture ground to the nomadic tribes that wandered over it in pursuit of their enemies or their prey.

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But now, Iowa is the abode of civilization. Cities, towns, villages, farms, churches, and school-houses, have replaced the wigwam of the Indian, and the "medicine man" of twenty years ago, has been succeeded by the accomplished and scientific physician of modern times. Our brethren of Iowa have done wisely in thus early organizing themselves for the purpose of promoting the interests of humanity, by advancing the cause of medical science.

The *Transactions of the State Medical and Chirurgical Society* at the Third and Fourth Sessions, is a well printed document, and evinces on the part of the physicians of the state, a disposition and capability to maintain an elevated position in the various branches of medicine and surgery.

The addresses of Drs. McGugin and Elbert both have reference to the trials and responsibilities of the medical man. We wish we had space to copy Prof., McG's graphic description of the exposures to which the western practitioner is subject.

In the department of surgery particularly, the profession of Iowa seem disposed to take a high stand. A very good report was made by Dr. J. D. Elbert, Chairman of the committee on Surgery. Dr. Sanford, of Keokuk, communicated several interesting cases. Among them are two cases of false joint, successfully treated by a plan which Dr. S. claims as original.

"By passing a strong tenotomy needle down to the ends of the bones, free scarifications of the surfaces were effected, after which the application of a retentive apparatus secured firm union. The object of this procedure is to break up the cartilaginoid investment, which after a time covers the rounded ends of the fragments, and to excite effusions of plastic material to serve as the medium of union.

"This operation, which I believe originated with me, is not urged as a substitute for the treatment recommended by Dr. Physick, in cases of Pseudarthrosis; nor do I think it will supercede other analogous operations for the same disease. Each proceeding has its appropriate adaptation to particular cases, and should be held in reserve by the Surgeon. An important principle in Surgical Ethics is, to adopt the simplest and least painful or dangerous operation in the treatment of cases that will be efficient; and it is upon this principle that we rest the claims of the sub-cutaneous section in cases of false joint. It is in recent cases, before that entire transformation in the tissues is completed, which ultimately happens, that we would recommend this operation. We are thoroughly convinced that at this period, besides being the simplest, it is the best treatment that can be adopted. The *seton, ablation, boring*, &c., although perhaps in a majority of cases successful, are more painful and dangerous."

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Several cases of operation on the mouth and lips to cure deformities, caused by the abuse of mercury are reported. We quote the following, also by Dr. Sanford.

"*New operation for Labial Fissures.*—It is with great pleasure I am able to announce to the Society a new operation for Hare-lip, and every variety of labial fissure, which I think obviates the chief difficulty of former proceedings. I had never been able, even by the procedure of Malgaigne's to treat a case of Hare-lip without the disagreeable prolabial notch which surgeons have made so many efforts to avoid, and this reflection induced me to resort to the following modification of the usual process.

"Mr. Shields, a Printer, living in the city of Keokuk, presented himself to me, with a considerable fissure in the upper lip, caused some years ago by mercurial ulceration. Adhesions had formed, as usual, and the teeth were exposed, causing a disagreeable deformity, for which mainly, he solicited an operation.

"In the presence of Dr. Elbert, I proceeded to separate the adhesions formed by the lip and to pare the margins, carrying the incisions a little outward at the middle of their course, so that after the paring was completed they presented a crescentic appearance. A needle armed with a tolerably strong ligature, was then passed deeply through each lip near the lower margins, and the raw edges were brought together, accurately approximated below, as in ordinary Glover's suture, but not so tightly as to strangulate the included skin. A very fine needle, armed with a single fine silk thread, was then passed *very superficially* through the contiguous margins, so as only to include the epidermis, and by very numerous stitches, (from 20 to 30,) these margins were brought very accurately and smoothly together. These fine stitches were continued directly over the large deep stitch to the epithelial border, and when completed, obliterated any vestige of the prolabial chasm.

The parts were then well sustained by adhesive plaster. On the second day, the large stitch, which was designed merely for temporary support, was removed without difficulty, and the parts presented a beautiful appearance. No undue inflammation occurred during the cure—no deep seated ulceration in the course of the needles—no wrenching and pulling to get the needles away, exciting in some instances, fresh and destructive inflammatory action. The stitches retaining the parts in contact until adhesion of the opposite surfaces had taken place, needed no attention, and becoming incorporated with the plastic exudation which came from the wound, were fully thrown off with the scab, disclosing an even, smooth, beautiful lip, without the indentations which usually mark the situation of the needles, and without the slightest imperfection of the prolabial margins.

"We hope the members of the Society will repeat this operation and report the results. It is actually incomparably superior to any other process."

In his report on Obstetrics and diseases of Women, Dr. D. L. Mo-

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Gugin mentions a case of spontaneous separation of the symphysis pubis occurring in labor. The patient was alone at the time the accident occurred, but soon had proper attention. She was afterwards delivered of another child without a recurrence of the accident.

Another case is mentioned, in which post partum hemorrhage was immediately controlled by compressing the aorta through the walls of the abdomen.

The *Alabama State Medical Association* held its seventeenth Annual Session in the city of Montgomery, Jan. 10–12. We confess to a feeling of disappointment in view of the meagre attendance of members—less than twenty delegates answering to their names! As is the head so will be the members. If physicians manifest their interest in the progress of medicine, by attending the meetings of their Medical Societies, they will carry that feeling with them in their daily professional walks. We are always sorry to hear or read of small society meetings. However, the season of the year was unfavorable to a full meeting, on account of low water in the rivers, and we notice a change of time of meeting, to obviate the difficulty.

The minutes contain nothing of special interest abroad, except a preamble and resolutions introduced by Dr. Lopez, appointing a committee to memorialize the legislature in favor of conferring the office of coroner on "none but regular practitioners of medicine, in such places as may be practicable, without obstruction to the duties therein specified."

Standing committees were appointed as usual, to report on various subjects.

The address of the President, Dr. Denny, was on "*The Magnitude of Science; or a contrast between the three learned Professions.*" In reading over the address, we were exceedingly pained that a member of the Medical Profession could propound views and sentiments, so narrow minded, unbecoming a physician, and so unworthy the age and country in which we live. He would magnify science until it takes the place of religion—nay, till it overshadows and dethrones Deity itself!

This apotheosis of human learning and acquirements, nearly all too confined to the medical profession, (pp. 26–28) pronounces the major excommunication on the larger part of mankind, leaving them scarce "a peg to hang a hope upon."

Such narrow-minded exclusiveness must result in harm rather than good to our profession, since it places medical men in a false light before the community. It is unfortunate when men holding the views that

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Dr. Denny does, are placed in so important a position as at the head of the Medical Association of a State.

From a skeptic or a politician as President of a Medical Society, "may the good Lord deliver us!"

We feel assured that there are Lawyers and Clergymen in Alabama, who are abundantly able to give Dr. Denny such a literary castigation as he deserves, and we hope some one will do it.

Our space will not allow of an extended notice of the reports of the various standing committees on epidemics. They are a good index of the diseases which prevailed during the year, and of the plan of treatment pursued.

Dr. L. H. Anderson, in his report from Sumterville district, concludes his remarks on pneumonia with the following summary.

1. "The pneumonia of South Alabama is probably less severe than the same disease in more northern latitudes; and the intermittent or remittent fever accompanying it is more dangerous than the pulmonary inflammation.

2. "The treatment should be directed chiefly against the malarious element of the disease. Quinine should be freely given for its anti-periodic effect, and mercury for its influence on the secretions, particularly that of the liver.

3. "An exception to this pathology and treatment is to be made when the attending fever is of a typhoid character. Here the dothinenterite is the more important disease, and the pneumonia should be treated with strict reference to it."

On the treatment of Dysentery, Dr. Anderson has the following:

"Previous to this time, I had been in the habit of treating all cases of dysenteric affection with mercurials, opiates and astringents, and had generally good reason to be satisfied with the plan, but meeting this season with a case which proved entirely rebellious to this treatment, and in which the tormina and tenesmus, with mucous and bloody stools would return as soon as the remedies were withdrawn, I determined to try the saline plan. I gave accordingly several papers containing each 30 grs. sulphate soda and 20 grs. bi. carb. soda, with directions when the first powder had operated twice, to stop it with 30 drops of laudanum after each stool, and when the bowels had been checked twenty-four hours, to take another powder, with laudanum after it in the same way. The next day the patient told me the first powder had not operated, and that his bowels had felt entirely easy ever since taking it. I then told him to take a powder every three hours until they did operate, and to check the operations if necessary, as before directed. He did so, and found the third powder to operate gently, with a total change in the character of the stools, showing a return to healthy action. A week or ten days afterwards, he has a return of the attack, and was immediately relieved by the same means.

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"In all the cases I met with afterwards, I employed the same treatment, substituting the epsom, however, for the glauber salts, and found it speedily successful in every case but two. In these, diarrhœa was the prelude to typhoid fever, and both patients died after long and severe attacks."

Dr. A. speaks in high terms of a popular remedy in dysentery, viz: an injection of about an ounce of mutton suet in half a pint of warm milk.

There are other interesting papers in this volume, but we are compelled to postpone the consideration of them to our next issue. B.

*** We have several works on hand for notice, but a crowd of matter, and limited time, compel us to postpone them till our next issue.

The press has issued the present year, a number of very valuable works, and others are forthcoming. We see it announced that Dr. Drake's second volume, comprising the Diseases of the great valley of North America is completed.

Dr. Gross, of Louisville, is at work on a second edition of his Diseases of the Urinary Organs.

Dr. H. V. Wooten, of Tennessee, is engaged on a work on the diseases peculiar to the South and southwest.

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EDITORIAL.

MEDICAL SOCIETY OF NEW JERSEY.

One of the most spirited and earnest meetings of this Society which it has been our privilege to attend, assembled at Trenton, in extra session, at the call of the President, on the 11th of July last. The season of the year was unfavorable to a large meeting of the profession, yet there were nearly forty of the "good men and true," from every section of the State, except the extreme southern.

We are sorry that the minutes have not arrived in season for the present number of the REPORTER, but we hope to insert them in our next.

The primary object of the meeting was to consider an extraordinary supplement to the Medical Law, passed during the dying throes of the last session of the legislature, virtually abrogating every vestige of protection, which the wisdom of our forefathers nearly a century since, confirmed by nearly a hundred legislatures, had cast around the practice of physic and surgery in this state.

Year after year the legislature of New Jersey has been beset by a horde of interested and ignorant pretenders, seeking to popularize the profession of medicine, leaving it, unprotected by law, to be entered by any who might choose. Concession upon concession was made to the few interested persons who have so long whined in the ears of our legislators, until our representatives at the last session, capped the climax of absurdity, by passing a supplement to the already stricken and wounded law, at once ridiculous in its provisions, and disastrous in its effects on the well-being of society. But we forbear—with the thermometer nearly up to fever heat, we cannot afford to wax warm on this subject, particularly as it was so ably discussed in our last, by our gifted confrère, and is so well handled in the reports which we hope will be forthcoming in our next.

The Society, after hearing a report from the Standing Committee, through Dr. R. M. Cooper, of Camden, and reports from the venerable Dr. Lewis Condict, of Morris, and Dr. O. H. Taylor, of Camden, referred the whole matter to a committee, who are to report through this Journal, and to the annual meeting in January next.

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The profession are indebted to Dr. Isaiah D. Clawson, of Salem, a member of the House, for his efforts to defeat the passage of the odious supplement. B.

ASIATIC CHOLERA.

Our readers are of course aware, that, during the months of June and July, Cholera prevailed to a considerable extent, not as a severe epidemic as in former years, but diffused widely, less confined to certain sections than heretofore. It has also, on the whole, been more manageable. There is scarcely a section of the country where it has not prevailed to a greater or less extent. At this time, however, (July 25,) it seems to be on the decrease, and it is to be hoped will soon cease entirely. On another page we give a report of deaths by Cholera and other diseases in several of the larger cities of the Union.

We feel safe in saying that the disease is much more scientifically and intelligently treated by the profession, than in former years.

The following formula, from the late firm of Samuel F. Troth and Co., Druggists of Philadelphia, has been used somewhat extensively by the profession, in the treatment of the early stages of Cholera, and we take pleasure in laying it before our professional readers. It is known by the several names of, "Asiatic Tincture for Cholera," "Guttæ Vitæ," and "Goldsmith's Tincture."

℞ Gum Opii, ℥j.
" Camph. ℥j.
Ol. Caryoph. f ℥j.
Capsicum Cayenne, ℥j.
Sp. Œth. Sulph. Co. Oj.

Digest 10 to 20 days, or prepare by displacement.

Dose for an adult—20 to 60 drops, every 2d, 3d, or 4th hour, according to circumstances, in a little sweetened water.

To allay irritation, partially arouse the nervous energy and check the profuse discharges characteristic of Cholera, it will be found an admirable remedy. We would advise no one, however, to place too exclusive reliance upon it, or any of its ingredients in any proportion. We think any genuine attack of Cholera, treated without calomel, or an equivalent mercurial preparation, sadly mistreated—one of the plainest indications entirely overlooked. The secretion of the liver *must* be restored, and speedily, and this is best done with calomel, if at all. We might

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say much of other treatment, also highly necessary, but we only wish to say that no reliance, upon single remedies, or upon any remedies, given without regard to all the symptoms and the various stages of the attack, is wise, either in the treatment of Cholera or any other disease. We make these remarks in order that in Cholera seasons, patients may be warned against an indiscriminate use of Cholera cures, and that physicians themselves, may be warned against conniving at and encouraging the same. B.

PRIVATE MEDICAL INSTITUTIONS.

During a recent tour to New York and vicinity, we had the pleasure of visiting three institutions of this character.

Dr. Louis Bauer, at his establishment, on Pacific street, Brooklyn, is well supplied with apparatus, and other means for the treatment of deformities of all kinds. Dr. B. is an intelligent man, well read in the German, French, and English Literature of his specialty, and seems to be devoted to the interests of his patients. Dr. A. Stone, located on Gold street, Brooklyn, has extensive accommodations for the treatment of diseases peculiar to women. His establishment includes accommodations for lying-in patients. Dr. J. Marion Sims, late of Montgomery, Alabama, is very pleasantly located on Madison Avenue, New York. His establishment is of the same character as that of Dr. Stone, of Brooklyn. We found Dr. Sims a remarkably intelligent man, well informed on the diseases of females. He is at this time particularly interested in the establishment of a Women's Hospital in New York, and we trust and believe his laudable efforts will be seconded by the public. All these institutions are worthy the attention of our readers, and we hope they will call and examine them, as opportunity offers, assuring them of a hearty welcome on the part of their gentlemanly and intelligent proprietors.

It has, for some time, been our intention to discuss the subjects of Sanitary institutions, and the practice of specialties. Both are important, and both are, we believe, in some measure regarded in a wrong light by a majority of the profession. We shall endeavor to recur to the subjects at a future time. In the mean while we invite our readers to communicate their views pro or con through our pages. B.

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DEPOSITORY OF MEDICAL LITERATURE.

We have received a circular from Rochester, New York, signed by L. Clinton Dolley, M. D., requesting that our Journal be regularly sent to his address, for certain specified objects set forth in the circular, viz:

1. To accumulate and preserve for the future interest and benefit of the profession, that which would otherwise be diffused, and inaccessible. 2. To afford the most ample materials for the publication of an *Annual Compendium* of all facts, discoveries and opinions of scientific interest, which transpire in the medical world each successive year. 3. When the Repository shall become sufficiently extensive and attractive, it is proposed to place it under the supervision of the American Medical Association, or some other suitable body of Medical men.

If we understand Dr. Dolley's plan, it is to publish an annual abstract of the medical sciences, similar to Ranking's and Braithwaite's semi-annual publications. The object is a good one, but we would suggest a *semi*-annual compendium as preferable to an annual one.

We believe Dr. Dolley has been, if he is not now, editor of an "Eclectic" Medical Journal, published in Rochester, and must confess we at first regarded suspiciously the expression "*or some other suitable body of Medical men*," fearing the spoils might fall into the hands of the "Eclectic" Medical Association.

However, we heartily accede to Dr. D's polite request, at the same time protesting against the use of our Journal directly, or indirectly, in advancing the cause of "Eclecticism," *falsely* so called. Dr. Dolley has undertaken an important and useful work, provided he shows himself a *true* eclectic, and we trust he will receive the encouragement of the medical press of the country.

B.

☞ The present number of the REPORTER contains the fourth of the series of Portraits of the Presidents of the American Medical Association, and will be followed in our next, we expect, by that of Dr. R. D. Mussey, of Cincinnati.

The second Portrait of the series, that of the late Dr. Chapman, will be issued as soon as the memoir can be prepared. A new plate has been engraved expressly for our Journal.

☞ It will be observed, that we have established an agency for the REPORTER, in Boston, Mass., Mr. Benjamin B. Russell, 515 Washington street, is our agent, and is authorized to receive subscriptions, and give receipts.

☞ We have made arrangements by which we shall have regular reports of the Proceedings of the *New York Pathological Society*, the first of which appears in the present number.

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NECROLOGICAL RECORD.

DIED, In Boston, Massachusetts, *Waldo J. Burnet, M. D.*, æt. 26.
—— In Litchfield, Connecticut, July 10—*Dr. Samuel Buel*, æt. 72.
—— In Philadelphia, July 11, of Cholera, *C. H. Bibighaus, M. D.*, æt. 53.
—— In Montreal, Canada, July 12, of Cholera, *Dr. McCulloch.*
—— At Emigrant's Hospital, Ward's Island, of Cholera, *Joseph Dennis, M. D.*, æt. 26.
—— In Boston, July 23, of Cholera, *Dr. John Sabins.*
—— In Port Elizabeth, Cumb. Co., N. J., of Cholera, *Benj. Fisler, M. D.*, æt. 85.

MORTALITY IN CITIES.

The following report of the mortality, by the principal diseases of Summer, in New York and Philadelphia, since the cholera began, is compiled from the Philadelphia *Evening Bulletin.*

NEW YORK.

	June.				July.				Total. 8 weeks.
	3d	10th	17th	24th	1st	8th	15th	22d	
Cholera,	12	14	57	45	78	98	147	183	634
Cholera Morbus,	12	5	5	8	13	11	17	21	92
Cholera Infantum,	5	6	4	13	29	74	117	145	393
Diarrhœa,	7	11	6	11	23	34	41	47	180
Dysentery,	16	7	2	5	10	20	29	36	125
Consumption,	57	61	48	51	60	52	54	59	442
Convulsions,	38	31	33	44	39	87	70	70	412
Marasmus,	21	13	24	12	28	35	26	38	198
Other Diseases,	247	260	250	248	237	350	316	315	2223
Total	415	408	429	437	517	761	817	915	4699
Under 5 years,	203	201	197	222	265	412	455	508	2463

PHILADELPHIA.

	June 24	July 1	July 8	July 15	July 22	Total 5 weeks.
Cholera,	9	12	22	71	61	175
Cholera Morbus,	4	4	6	6	7	27
Cholera Infantum,	14	49	51	83	81	278
Diarrhœa,	5	7	9	13	18	52
Dysentery,	7	15	16	29	20	92
Consumption,	28	21	30	29	42	150
Convulsions,	15	16	24	17	26	98
Marasmus,	9	9	22	10	25	75
Other Diseases,	131	135	188	154	148	756
Total	222	268	368	413	432	1703
Under 5 years,	114	170	203	223	242	952

	Deaths.	Cholera.
In Boston, for the week ending July 8,	137	24
In " " " 15,	111	31
In " " " 22,	98	14

Total number of deaths by Cholera in Boston to July 22, . . 130.

	Deaths.	Cholera.
In Baltimore for the week ending July 15,	160	*none.*
In " " " 22,	174	*none.*
In Brooklyn, " " 15,	221	84
In " " " 22,	293	76

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It will be seen by the above reports, that at the date of our going to press, Cholera was decreasing.

☞ We wish our readers in the different cities of the Union would furnish us with regular sanitary reports and mortuary tables. Such reports could be condensed into tables that would be of great value to the profession and the public.

ECLECTIC AND SUMMARY DEPARTMENT.

Retroversion of the Uterus.—retroversio uteri, Amussat (Gaz. med. de Paris) recommends, provided pregnancy to be absent, cauterization of the posterior surface of the neck of the uterus, so as to form adhesions between the cervex uteri and the superior wall of the vagina, which secure the organ in a fixed position. Dr. Amussat reports several cases, in which a successful cure was effected, and adds the following remarks in reference to cauterization. It is fully sufficient to cauterize the posterior lip with caustic potash; the cauterized part being wiped off, some lint pads are introduced in front of the cervix, so as to press this part against the posterior wall of the vagina. The caustic, which has not been absorbed by the lip, is, in most cases, sufficient to produce adhesions of the cervex with the walls of the vagina. Should this process, however, prove unsuccessful, the posterior lip, *and the corresponding part of the vagina* also, should be cauterized. The opinion, which some entertain, that adhesions thus formed, might disturb the functions of the uterus, Dr. Amussat thinks to be erroneous, as he has made the observation, that women, who had never conceived before, became pregnant, after a cure was effected in the manner just described and had carried their children to full term, and in many other cases menstruation became regular, which had been irregular for a long time, before cauterization was resorted to.—(Translated from the German, for the N. J. Med. Rep. by Ch. F. J. Lehlbach.)

Nerves and vessels in permanent, not ossifying cartilages, observed by Professor Koelliker—It has been known for a long time, that many ossifying cartilages, as long as their relative bones are not yet developed to their full extent (cartilages of epiphyses in man from infancy, to the 18th year) possess blood-vessels, and that permanent cartilages may receive vessels, when ossification takes place accidentally; but in permanent, never ossifying cartilages, such has hitherto not been observed. Prof. Koelliker found it to be the case in the nasal cartilages (septal) of the ox and hog, which are pierced by a number of vessels, entering horizontally from the perichondrium and ramifying in the cartilages. "My surprise grew still more," says Dr. K. "when I found in the calf many of these vessels, which present themselves partly as beautiful arteries, to be accompanied by little nervous trunks of from 0.006'''—0.04''' with branches of from 0.0042'''—0.0046''' in diameter, which, like the accompanying vessels, could be traced from the perichondrium to their distribution, although I was unable to trace them to their ultimate ramifications. In no other cartilage have I hitherto found nerves, though it would appear as very probable that ossified cartilages carry nerves, as long as they are possessed of vessels. As to the function of these nerves which I have thus observed, it can probably be no other, than to regulate the nutrition of the cartilage, whether they are sensitive as those of the osseous structure, remains as yet unsettled. (Zeitschrift fuhr roissensch. Zoologie, Vol. ii. No. iii. Translated by Ch. F. J. Lehlbach.)

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Asiatic Cholera.—There seems to have been an impression in the minds of medical men in all parts of our country, that Cholera would prevail extensively this summer, and the Journals have in consequence been filled with communications from physicians detailing their past experience with the disease, or their theories of its cause, and treatment. As is almost always the case, many of these communications contain really valuable facts and suggestions, and we would be glad to copy some of them entire, if our limited space allowed. The most, however, that we can do this month, is to give a very condensed summary of the views of two writers.

Dr. S. A. Cartwright, formerly of Natches, now of New Orleans, has had much experience in the disease, and has been very successful in its treatment. He deprecates the phrase "premonitory symptoms"—says it has killed its thousands, by encouraging the hope that the early stage of Cholera, is only "premonitory" to the disease.

"The disease consists in *a pouring back* of the contents of the absorbent vessels into the alimentary canal, and a filtering of the watery parts of the blood from the extremities of the capillary arteries. Before the diarrhœa manifests itself, the disease has begun. The absorbents or some of them, have poured back their contents, furnishing the serous or rice-water matter that is thrown out by the diarrhœa. How erroneous then, to call the diarrhœa a premonitory symptom, when it is actually a secondary effect of a prior diseased action, of the disease itself.

To cure the cholera *cito, tuto et jucunde*, this pouring back process must be arrested. Astringents, opiates, stimulants, &c., may check it for a while, and nature may re-establish the natural course of the circulation in the absorbents; but there is no security that she will do so, unless the fluids be determined to the skin, and the liver put to work. When we act on the skin by inducing perspiration, we make the absorbents of the alimentary canal, hungry for fluids. A *sucking up* instead of a *pouring back* action is established in them. The disease consists in the latter action, and is cured at once by establishing the former."

The liver is torpid and *must* be excited to action. But the remedies employed, must be given with the twofold object of exciting both the liver and skin to action, as time is required to act on the liver, which time must be gained by first acting on the *skin*, which may be done in five minntes. Dr. C. employs the following stimulating sudorific cholagogue:

℞ Hydrarg. c Cretæ,
Pulv. Capsici, a a gr. xx.
Gum. Camp. gr. x.
P. Carb. Ligni.
P. Acaciæ. a a gr. xv.

The above is a dose for an adult, taken in two tablespoonsful of water, and swallowed without sipping it. Frictions and stimulating applications must be freely used to the external surface. If flushed face and heat of skin follow, the lancet must be used. Fluid must be taken to restore the watery part of the blood which has been lost.

Dr. Cartwright first published the above views in 1833, and reiterated them in 1849.

Dr. J. F. Gayley of Philada. (Am. Journ. of Med. Sciences, July, 1850), regards an arrest of the function of the liver as the cause of Cholera, a conclusion which is logically reached by a well written argument. This being the difficulty, the treatment must be directed to its removal. Anything that will serve to unload the liver will meet the case, and the patient will be relieved. Dr. G. had considerable experience in the treatment of Cholera in 1849, and was very successful. He gave calomel in ten to twenty grain doses, mixed with a little sugar. This was given at intervals varying from half an hour to two hours. "I never used opiates, camphor, brandy, capsicum, chloroform or any of the thousand-and-one remedies recommended in this disease. Their multiplicity proves their inefficacy, &c.

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THE

NEW JERSEY MEDICAL REPORTER.

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"The Change of Life," *in Women; with remarks on the periods usually called "Critical."*

By Joseph Parrish, M. D.

NUMBER VI.

How long is the Puberic Period? Emansio Mensium, its Hygienic and Moral Treatment. False views of medication. True Therapeutics.

Before answering the question at the close of our last essay, we wish to present a few suggestions on the puberic age. The civil law fixes the age of puberty in females at twelve years; and while it may be well to erect a legal standard, it will not be safe to adopt the same rule in viewing the subject in the light of science. The menses may appear at twelve years, and often do, and if the report of carefully prepared statistics, was to make it the average period, still it is important to appreciate the fact, that when the womb menstruates for the first time, though it may be capable of conception, its powers in this regard, ought not to be employed. The change coincident with this period, already described, though sudden in its appearance, is not a change of a day, but of years. The mind and the body, take a long time to complete their development, and if we should be allowed to limit the puberic age, we should establish its boundaries, between the time when the menstrual effort first commences, and the individual assumes the full size of womanhood, and the judgment and will, with all the faculties of the mind, are being fairly manifested;—in other words, till she is marriageable; for a woman is not marriageable, simply because her womb exhibits in her monthly appearance, the procreative power. She is a moral and social being, and is not capable of assuming such a sacred relation till her

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moral and social properties, and habits, are in good culture, and well grown. When she menstruates, she exhibits merely the evidence of her generative force; but she must afford testimony of that force being in its full, and regular development. The uterine structures must perform their first duties well, before they can be entrusted with the more important office of conceiving, and bearing a living being. Years must be spent in this discipline, while the mental and moral powers are being cultivated, to adorn domestic life; that as the physical, forms and matures, the intellectual, may be prepared to educate and magnify the immortal part. She may be physically a woman, at thirteen or fourteen, but she is not socially a woman, and hence is not marriageable, till, in, manner and mind she becomes what none but a woman can be. The puberic age then, according to this estimate, covers several years of life;— the most interesting period of existence; and it is when irregularity is manifested, that the health suffers. Now for the question—How shall the organism be regulated?

In our last essay, that species of irregularity that is marked by a non-appearance of the menstrual flow, was referred to. The osseous, nervous, and other deposits, were supposed to be furnished at the expense of the blood, and particularly of that portion of it, required by the generative function. At the puberic age, when the uterus is suddenly aroused to action, the whole nervous system becomes excitable, and its powers are loaned in aid of the efforts at menstruation. This condition is known by the term, *Emansio Mensium*,—signifying that the menses are "stayed." Such accident may be the result of congenital deformity or monstrosity; some part of the genitalia may be wanting, or not sufficiently developed. These cases we do not propose now to consider: but only such as occur, with a full developement of the generative organs. In such, there is defective growth, not of the organic structure, but defective power in the nervous system, or impure blood finding its way through enfeebled vessels. Contemplate a young lady in this condition. The ovaries, and uterus, and all the suite of genitalia are there; the ovaric arteries, with those that supply the sciatic, and hypogastric regions, and the nerves of the same names and places, are all active, and tense, with the excitement incident to the period: but the flow does not come. The nerves and vessels stimulated unduly, feel the re-action consequent upon unsuccessful, though protracted labor; and the system elsewhere, responds with painful monitions to the generative effort. The defect is in the want of supply, and may be said to be dependent in most cases, upon

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improper mental and physical training. When no congenital deformity exists, the rich air of the atmosphere, given to oxygenate the blood, has perhaps been excluded from the lungs—the physical exercise that is needed to make the muscles grow—the cheerful and wholesome delights of true domestic life, have been neglected, and the nervous system strained by artificial enjoyments, which, while they have consumed a taste for the real, and good, have substituted a morbid fancy for things false, and unsatisfying, and the whole economy has become the victim of indulgence, while the parent who should have been the regulator, is the sad mourner over the broken vessel, that it was her delight to adorn with the trappings and imagery, of a defective social system.

The family physician is consulted, and he finds perhaps a sallow complexion, irregular dejections from the bowels, loss of appetite, general lassitude, &c., with pains in the back, and a variety of symptoms, indicative of general disorder. If he be an *unwise* physician, he will probably at first, attribute this state of things to the non-appearance of the menses, and medicate with some of the variety of remedies known as emmenagogues. It is natural for him, however, to think that he must first prepare the alimentary organs for their proper action, and he judges that the biliary secretion must be altered by calomel; the renal product, increased by diuretics; the action of the bowels stimulated by gentle cathartics; and the tone of the stomach improved by tonics, while the dry and rough surface must be made moist and smooth, by an occasional sweating. The result of all this will be the taxation of the Doctor's power and skill, in the cure of symptoms, aggravated and complicated by his own prescriptions, and of the patient's vital forces in the resistance of oppressive treatment on the one hand, and a debilitated organism, on the other. If the physician be a *wise* one, he will judge that the non-appearance of the menses, instead of being the cause, is the consequence of the constitutional debility. Instead of the alterative treatment, to *prepare* the system, and then the emmenagogue treatment to produce the menses, he will adopt a different plan. His meditations and conclusions will be somewhat as follow. My patient is pale and thin; her pulse is feeble, and easily excited; her skin is dry and chlorotic; her appetite various, and her bowels irregular. Her *morale* is defective; the temper is irritable; the natural energy of her early youth, has given place to habits of indulgence and ease; not of body only, but the mental and moral faculties have been allowed to run in an unhealthy channel. Why all this? She is pale, because her blood is pale; and the red corpuscles are deficient, because the pure air has not been breathed

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into her lungs, for she has thought herself too delicate to go out and inhale it. Her blood is thin, because her food has been defective; she has been too dainty to eat blood material. Her pulse is feeble, because her heart is; and her heart is so, because the blood is not strong enough to make *it* strong. It is easily excited, because her circulation is weak; for if you tax a feeble organ, or a community of organs beyond their strength, excitability is their answer of resistance. Her skin is dry, and lurid—her bowels, and appetite varied, for the same reason. Her temper is irritable, because she has given up to be delicate, and tender, and useless; and her brain partakes of the same morbific influence. She does not menstruate, because she neither has the material to supply, nor the power to produce, and yet all the productive machinery exists.

I will institute a thorough reformation in her mode of life, and let the Materia Medica alone, at least for the present. These shall be my therapeutics. Air, exercise, bathing, early rising, and early lying down, plain nutritious food, cheerful, and wholesome employment. Because she is pale and thin, I will give her fresh air, sunshine and blood-making food; for these contain the elements of health and vigor. Because she is irritable and self-indulgent, I will send her forth to the study of nature, upon her fields, in her gardens, and under the shade of her forests; for I know that kind nature spreads out her beauties to attract and delight the eye; she invites to exercise, to develope the muscles; and she opens a store-house of wonders, to employ and energize the mind. Then for the defective *morale* of my patient, I will make her a messenger of Christian charities to the poor, and as she distributes them, her own heart will enlarge, and almost unconsciously to herself she will lose her taste for the follies and forgeries of life, as it is lived in the circles of fashion and ease, and find herself a woman, disciplined, and matured, in body and mind, for the beginning of life's battle.

How much better this, than calomel to cure the liver, and aloes to purge the bowels, and tansey to force the womb! In the one case, you develope the being, and perfect all the secretions by obedience to a natural law with which science agrees; in the other, you produce effects, over which both nature and science, weep tears of shame, and bitter reproach.

Though it may take months, and even years to accomplish this work, it is, nevertheless, to be done before the patient can be what she ought to be. The time that it takes, is the period of puberic age. Infancy has its term of years, and its crises. Childhood has its limits, and its peculiar diseases, and necessities. Puberty, has likewise, its probationary, or its forming stage, and out of this, it grows progressively, till the dawn

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of womanhood breaks upon its decline, and lights the way to sterner life. Hence we esteem it a false doctrine that limits the puberic age, to a positive period. It would be safer, as already intimated, to fix its term within certain boundaries—as between the beginning of menstruation, and an age at which the individual may be considered marriageable.

According to this theory, then, several years are embraced within the term of purberty, and it may have assigned to it its proper divisions and variations. Mothers are frequently alarmed at the appearance of the flux at twelve years; and are disposed to attribute it to an unhealthy precocity in their children. So it may be; but oftener it is not. Here is the rule by which to determine. If the general system consents, if the constitution of the *infant woman* is unimpaired by the appearance, it is not precocity. If the muscles have been so trained, and the blood so supplied, and the lungs so active, as to induce a rapid growth in the general system, and the uterine organs catch the stimuli, which are spreading out the body, and invigorating the entire creature, then they are not precocious in offering the mensual supply, because they are only responding to the native functional power which has roused up the whole being to sudden growth, and completeness. If on the other hand, with the monthly show at so early an age, there should be a decline of general health; if the muscles should shrink, the blood be slowly made, and the lungs fail to purify it, then the appearance would constitute an alarming precocity. In such cases, because the womb may waste much of the common supply, it should be kept in perfect repose by position, and by efforts to repress excited local action, while the flagging and indolent members of the body, should be aroused to increased functional activity, that a harmony and unity of purpose may be enforced and sustained.

So there may be on the other hand *tardy* menstruation. The menses may not appear at their wonted time, and the general developement, progress without the marks of disorder. In such cases, there seems no need for interference, while the general health continues unimpaired. The flow is retained, perhaps on account of a little tardiness in the growth of the uterine organs, or of inactivity of function. In either case, the indications for treatment, would be manifested by some general disorder, or local disturbance. Without these there is but little if any danger.

Let us sum up then our ideas upon this subject, as follows. The term of puberty may be characterized by precocious menstruation, or an early appearance without precocity; by tardy menstruation without un-

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natural symptoms, or by failure of the menses, with the symptoms of emansio mensium. In all, the uterine organs are subsidiary to the rest. Their apparent diseases do not exist, unless there is deficiency in other parts, and they are relieved, as the general system approaches a healthy standard.

PHILADELPHIA, *August*, 1854.

TO BE CONTINUED.

Effects of Lightning. BY O. H. TAYLOR, M. D.

On the 28th of June, in the present year, there occurred a sudden thunder storm in the evening, which occasioned an unusual number of accidents in Philadelphia, Camden, and their neighborhood, and many individuals suffered severely from the effects of discharges of the electric fluid striking private residences; though I am not aware of any positively fatal results.

So few details of the consequences of severe strokes of electricity upon the human constitution have been recorded by medical writers, that every fact in relation to this subject possesses a considerable degree of interest, and it seems not altogether useless to offer in the NEW JERSEY MEDICAL REPORTER, some notice of several cases which occurred in my practice, on the occasion above referred to, in or near the last named city.

In one instance, the lightning struck a two story frame building a little beyond Kaighn's Point, and three of the occupants were rendered insensible by the shock. I have been favored by W. G. Thomas, M. D., who reached the patients a short time previous to my arrival, with some notes relative to the history of the accident at the time.

On the supposition that this stroke was a descending one, the fluid would appear to have stricken the top of the chimney, in the first instance, and to have divided into three streams or currents in its descent; another passing along the roof; and thence down the northwest corner of the building,—and the third, which affected the three injured persons, taking its course down the northeast corner.

Mr. COX, who, on this hypothesis became the first sufferer, was upon the second floor of the edifice at the moment, and the other two were standing immediately under him, upon the first floor.

Dr. Thomas, who preceded me in my visit, arrived on the ground

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thirty minutes after the accident, and found the youngest of the group a lad about seventeen years of age, had so far recovered from his previous insensibility, that he required but little attention. His countenance and appearance were then natural, but he complained of slight nausea, and was even affected with occasional vomitings, which were relieved by ordinary means; on the succeeding morning he was as well as usual, except that the conjunctiva was much injected; but cold and soothing applications removed the turgescence in a few days.

The second case on the first floor, James Bond, was still insensible at the time of Dr. T's arrival, and at the time of my reaching the patient, the pulse was scarcely perceptible, his face was pale, but the head was hot, and there was much groaning, uneasiness, and jactitation. The bystanders were drenching him with cold water and rubbing him with wet cloths. After being conveyed to bed, Dr. T, employed stimulants, frictions, mustard plasters, &c. The fluid appears to have expended its force upon the shoulders and arms. He was engaged at the moment of the shock, in putting up a door, and held a screw-driver in his hand. On his return to consciousness, his chief complaint was of his shoulders, which pained him so intensely that he repeatedly tossed himself off the bed, in his vain endeavors to obtain an easy posture.

Upon reaction being established, he suffered from nausea, with occasional vomiting, which continued at intervals for several days.

This case was characterized by extreme tenderness in the epigastrium, which extended, with diminished intensity over the whole abdomen, and the patient was affected by an obstinate constipation, which could not be relieved by internal remedies; and yielded only to repeated injections. He was unable to leave his bed until the expiration of two weeks.

Mr. Cox, the patient prostrated on the floor, had so far recovered when Dr. T. arrived as to be able to sit up, but reaction was very imperfectly established even on my reaching the house, a few minutes later. He required to be roused by internal and external stimuli, and the advent of reaction was marked by so great a degree of determination of blood to the head, that it became necessary to apply ice to that part and to resort to venesection.

This patient also, suffered with severe nausea and vomiting for several days, and had great tenderness over the whole abdomen, with diarrhœa coupled with bloody discharges and some tenesmus. He was confined to his bed ten days.

The lightning seemed to have stricken him upon the top of the

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head, and to have passed down the posterior part of the neck; thence down his gold guard chain, (which was of unusual thickness) upon each side of the chest, melting two of the links, blackening the chain, and leaving a distinct black mark upon the shirt-bosom which could not be removed by washing.

A silver pencil which he carried in his vest pocket, was penetrated at one spot, by a hole of the size of an ordinary pin, and was melted in two different places. The hair was scorched, and the back of the neck burnt and blistered by the current of the fluid. Below the guard chain, the first visible marks of the current were found upon the left side of the boot, where it made a perforation about equal in diameter to a small quill, the boot being bursted open on both sides. Immediately within this perforation there commenced a narrow line of ecchymosis, leading downwards to the junction of the first and second toes, and directly beneath this point there was a perforation through the sole of the boot, through which the fluid apparently found its way towards the soil.

To these I will add yet another case, coming solely under my own observation, on the same evening. Mrs. Hamill, a well known and respectable lady, mother of the ex-Mayor of that name, was struck at her residence near Kaighn's Point, about three fourths of a mile due north from the building, in which the three former patients suffered, and almost at the same moment of time; for the storm, though the discharges of electric fluid were terrifically rapid, passed over the city in a few minutes. The particular flash which prostrated Mrs. H. must have been of very great power, for it dashed the plaster violently, and in masses from the walls, forced the washboards from their places, tore up the second floor, threw a heavy bureau bodily from its position against the wall, to the middle of the room, committed extensive havoc with the furniture of the two principal apartments, and left the main building almost a wreck.

At the moment of the blow Mrs. H. was seated and occupied near a window looking south, and fortunately in a corner of the upper apartment, remote from that in which the lightning exerted the greatest violence, so that little damage was done immediately about her, yet even here, a most formidable current appears to have passed along a heavily loaded double barrelled gun, which was resting immediately behind the chair in which she sat. It did not discharge the piece, but having reached the extremity of the barrels, it perforated, a neat round hole, one inch in diameter, through the partition against which the gun-barrels rested, into the next apartment, where it tore up a portion of the

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floor, and descending to the parlour beneath, shattered two mirrors, destroying much of the furniture, and injuring more or less, every article in the room.

After the flash, the uninjured members of the family found Mrs. H. insensible and prostrate on the floor. They had recourse to the now popular remedy in cases of lightning strokes, the dashing of cold water over the person, but the insensibility continued for nearly an hour. On my arrival, I found her partially recovered but complaining of severe pain, extending from the right hip to the corresponding ankle. The course of the fluid, while in contact with her person, was clearly traceable on examination, by means of a distinct red line, extending down the outside of the limb to near the outer malleolus, and thence around the limb to the internal ankle on the same side.

The subsequent history of this case bore a general resemblance to a partial paralysis of the right lower extremity. Considerable lameness continued for several days, and was attended with pain. No derangement of the visceral functions displayed themselves, and the patient was soon restored to her original state of health, by frictions and stimulating applications to the limb.

REMARKS.—It is well known that lightning does not always descend from a cloud positively charged, but frequently ascends from the earth in a positive state, to a cloud in a negative condition. In the former case, we should suppose that the fluid would find its way more readily, and with fewer ramifications of current to the great reservoir; while in the latter, it would extract the natural electricity from all neighboring substances, and swelling like a mighty river, from a multitude of fiery tributaries, the main trunk of the current would rush upward to the clouds from the most elevated conductor in its course.

The shocks which gave origin to the cases above described, were no doubt of this upward character, as it must have required a multitude of minor streams to have produced the wide-spread and apparently irregular mischief visible at either point, and especially at the residence of Mrs. H.

Be this as it may, there is every reason to believe that neither of the patients received anything like the entire force of either discharge, which would have been vastly more than sufficient to extinguish the last traces of life. Two of them, at least, whose bodies exhibited ocular proof of an actual contact with the fluid while in full career, must have been injured considerably by merely collateral branches of the

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great current, and it is not by any means certain that the remaining two were absolutely stricken at all.

When very heavy discharges of electricity take place upon imperfect conductors, re-action of the fluid upon the natural electricity of surrounding bodies, takes place to an extent proportional with their conducting power. This re-action might doubtlessly explain much of the scattering of furniture taking place at the residence of Mrs. H., and it is also the immediate cause of the serious effects of lightning upon internal and distant nerves, producing insensibility, or arresting the functions of the deep seated abdominal nerves though the lightning, when striking a living body almost invariably marks its true course by a red line upon the surface only.

This jarring of electricity at a distance from a discharge, is called a side shock, and in the case of the young man, James Bond, it was sufficiently severe not only to render him insensible for a time, but even to affect some of the functions of organic life for many hours; still, however, this case followed the general rule, that the effects of side-shocks are much less severe and transient, than those which follow more direct assaults. They may nevertheless be fatal in extreme cases, and if we regard the injury of James Bond as of this nature, they come near being so in his case, which was rendered the most threatening of all, in consequence of the obstinate constipation, which was indicative of great loss of power in the abdominal nerves. No doubt the intensity of the shock was rendered in this instance, unusually severe, by the fact of his holding in his hand a metalic instrument at the time of its reception, for the danger of resting nearly in contact with metals during thunder showers, is not exclusively dependent upon direct discharges, striking those metals, but extends to all cases in which heavy strokes occur in the immediate vicinity.

The escape of Mr. Cox is little more than miraculous. He was evidently stricken by one of the three principal currents of the discharge. His guard chain, if it did not invite the blow must have saved his life, and few men have survived to tell us of the sensations following so direct a visitation of the bolt, the pagan world, both ancient and modern, have regarded "as hallowing where it falls." Mrs. Hamill's case was wonderful, though not less astonishing. The entire flash was here of much greater energy, and the current in her immediate vicinity, capable of exploding a hole in a partition to the extent of an inch in diameter, must have been of sufficient power to rive the stoutest oak. But it is probable that many smaller streams concentrated from various points

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upon the gun-barrels, and that one of these only touched her person, as only one limb was actually traversed, the central insensibility was no doubt, the result of side-shock, and the freedom from injury to the abdominal nerves was a consequence of the fact, that they could only be reached from such a situation by a round-about reflection from the cerebro-spinal cavities.

As to the true nature of the effects of lightning on the nerves, we know that electricity is a direct nervous stimulant, heightening all functional actions by the exercise of this peculiar property, when applied in a gentle manner, and all analogy teaches us that the hyperaction of such an agent must be to produce nervous functional weakness, increasing in proportion to the excess of violence, in the exhibition of the stimulant, until, in extreme cases, partial or complete palsy result, and functions are destroyed by the very agency on which it may be, that their existence depends.

If then, the morbid effects of lightning consists in a more or less general, or a more or less complete, and a more or less permanent paralysis, the prognosis of such accidents will be determined by the importance of the nerves affected, and the treatment will be regulated with propriety, according to the laws which govern us in cases of loss of power from other excesses of nervous stimulation. Whence came the practice of cold effusions in lightning strokes, I am not informed, but its effects appear to have been advantageous in these cases, as they have often proved in ordinary palsies; and when there occurs an almost total overthrow of the nervous power of the entire system, it is to the skin and the rectum that we habitually look for the last traces by means of which to re-awaken the dormant energies.

CAMDEN, *August* 15, 1854.

A Case of Delirium Tremens, Characterized by Periodical Exacerbations. By D. W. MAULL, M. D.

That most diseases are liable both to exacerbations and periods of comparative ease and freedom from pain, is well known to medical men. But we have never known of an instance of mania a potu manifesting a periodical recurrence of an exacerbation every other day, thus making it tertian in its character, until recently, when such a case came under our notice, occurring in the person of an elderly man who was an habitual drinker, and had, especially for two or three weeks preceding his

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confinement to bed, indulged more than usually in alcoholic drinks—rum particularly—and to such an extent that his stomach refused longer to retain them. The brain, then, from being deprived of its accustomed stimulus, became inordinately active, for Dr. Coates maintained that this disease is the result, not of the application, but of the sudden intermission of the use of these stimulants.

When called to this case, I found him laboring under what at first sight I should have been tempted to denominate a severe ague: but these impressions were removed when I obtained information concerning the case. This was about two o'clock, P. M. He was trembling violently from head to foot, his brain not able to restrain the involuntary muscular movements. The surface of his skin covered with a warm perspiration; did not complain of any sensation of cold or chilliness, but spoke as being quite warm; had had a few hours previously rather copious alvine dejections. This tremor, aided by the administration of opium and brandy as stimuli, ceased after the expiration of about two hours.

No remarkable symptoms during the progress of the disease until two days subsequently, when again at two o'clock, in the afternoon, the tremor came on as before, and continued about the same length of time. Its periodicity thus established, I was induced to resort to quinine and capsicum—the latter with the view of imparting tone to his stomach. But in consequence probably, of his having failed to take the medicine regularly, two days after, but at a somewhat later hour, there was a return of tremulousness, succeeded by a sonorous respiration, and a deep stupor, from which the patient was aroused by a blister to the epigastrium. I had previously alternated large doses of opium with the quinine.

A warm sweat pervaded his body during the course of the disease. Had several attacks prior to this one; tongue looked clean; not much pain in the side and shoulders; pulse very irregular; had drank to such excess that sufficient stimulus could not be got down to sustain him; and in addition, he had refused to take any thing latterly, in consequence of which, the case terminated fatally, thus affording another illustration of the truth of that maxim—

"Those wounds heal ill that men do give themselves."

GEORGETOWN, DEL., *Aug.* 1854.

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Cases of Irritation of the Bladder arising from various causes in which the HYDRANGEA ARBORESCENS *was employed as a remedy.*

BY WASHINGTON L. ATLEE, M. D.

DR. BUTLER:—

MY DEAR SIR:—At your request I have hastily drawn up a few notes of my experience in the use of *Hydrangea Arborescens*, "a new remedy in Lithiasis," introduced by you to the notice of the profession, in October, 1850. In order to make my communication as accurate as possible, I have delayed writing to you until I could learn from several distant patients, the precise effects of this agent upon them. I have not yet received answers from all, but as you are urging me for the information, I will give it to you, imperfect as it is.

You will observe that I have not confined its employment to cases of Lithiasis—but have extended its use to several cases simulating Lithiasis, whose symptoms, however, arose from widely different causes. My experience, so far, is too limited, and my observation of its effects too indefinite, to be of much value in deciding upon the therapeutical character of the Hydrangea Arborescens, but my testimony, such as it is, both for and against it, is at your service. I have given it in many other cases than those related, but as I cannot recall the particulars of those cases, I will not attempt to record them. In ordinary strangury, where the disease is not traceable to affections of other organs, it has afforded me satisfactory results. I sometimes unite it with other medicines. A rather favorite prescription is as follows:—

℞. Potass. Bitart. Cryst. ʒij.
Morph. Acetat. gr. i.
Syrup. Hydrang. Arbor. f ʒiv.

Mix and direct a teaspoonful three times a day.

In drawing up this paper, I have endeavored to increase its interest by extending the details of cases beyond the mere statement of the effects of the Hydrangea Arborescens. Such a statement would have been exceedingly meagre, and could not have exhibited the properties of this agent so well, as to expose all the circumstances which were capable of influencing its action. With this view, and also with the intention of furnishing your readers with valuable clinical facts, I have ventured to trespass upon your pages to a much greater extent than I had at first contemplated.

Yours very respectfully,

WASHINGTON L. ATLEE,

PHILADELPHIA, *August* 21, 1854. 418 Arch street.

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CASE I.—*Mr. G. K., aged about 70 years; much calculus discharged from the bladder after using the Hydrangea Arborescens.*

In the spring of 1851, soon after my attention was called to the Hydrangea Arborescens as a remedy in Lithiasis, I recommended the use of it to an old gentleman who was suffering from an attack of "gravel." He had previously, in the year 1846, thrown off through the urethra a renal calculus of considerable size. He procured the medicine in the form of a syrup, as prepared by Dillwyn Parrish, corner of 8th and Arch streets, Philadelphia, and did not use it many days before he ejected from the bladder a calculus so large, that it became impacted in the urethra, and had to be removed by mechanical means. In a recent letter to me, while speaking of the medicine, he writes: "I think it has been beneficial to my complaint, through the great blessing of God I have not had much of it within the last year."

CASE II.—*Mr. J. W. æt. about 67; vesical calculus, encysted; Lithotomy, lateral operation, stone not removed; afterwards High Operation, stone removed; Hydrangea Arborescens prescribed for subsequent symptoms with temporary benefit.*

May 22d, 1848, I was called to see Mr. J. W., who was suffering from retention of urine, and with it the greatest agony. I introduced the silver catheter, and relieved him of a large quantity of offensive phosphatic urine, loaded with mucus. While the catheter was in the bladder I used it as a sound, but failed in discovering the presence of a stone. The history he gave of his case for several years before, disclosed symptoms strongly characteristic of stone in the bladder. He had previously been sounded, but no calculus could be detected.

Next day, before the bladder was evacuated by the catheter, I made a very careful examination with a long-curved sound. After a lengthy exploration, I at last succeeded in *rubbing* the point of the sound against a gritty body which seemed to be *fixed* in the upper part of the bladder, inclining to the right side. It was impossible, however, to *clink* the instrument against it. I repeated this examination daily, sometimes failing, at others succeeding in detecting the stone, but at no time could I get any stronger evidence of its presence. The patient had lost all power of urinating, and the bladder had to be relieved by the catheter at the proper intervals.

June 1st. I attempted the removal of the stone in the presence of Drs. E. A. Atlee, Darrach, Grant, Bowman, and McConoughy. I made the lateral section, used the straight staff, and entered the bladder with a

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probe-pointed scalpel. The perineum was very deep. On introducing my index finger through the wound into the bladder in order to *feel* the stone, I could not find it. It was beyond reach. I now passed the other index finger into the rectum, but it was still beyond reach. Next I introduced the forceps and passed it over the whole interior of the bladder without being able to grasp it,—yet, at times, I could feel the instrument rubbing against the stone at a point about three inches above the extremity of the finger in the bladder. After endeavoring, in various ways, for about an hour to dislodge the stone without success, I gave up all further attempts at that time. The patient was insensible during the operation, having been kept under the influence of the anæsthetic mixture of two parts of sulphuric ether and one of chloroform, liquid measure, which I introduced to the notice of the profession. He recovered very well, but, of course, after the wound healed, he was, in no wise, relieved of his severe suffering.

Oct. 8th, 1848. I again sounded the patient, and came in contact with the stone as before, and in the same location. The stone being encysted, and having been so far beyond the reach of the finger in the perineal section, I now proposed the High or Hypogastric operation, to which the patient readily assented.

Nov. 11th.—Present, Drs. Grant, Darrach, Gilbert, Jackson, and Bowman. The bladder being fully distended, and the long-curved sound having been introduced, I made an incision about three inches long through the linea alba above the pubis, deepening the incision as I approached the symphysis. Having penetrated the adipose and muscular walls of the abdomen with the knife, I now made my way with the point of my finger through the looser tissues behind the symphysis. This was accomplished without wounding the peritoneum, which could be seen as it was reflected from the walls of the abdomen to the fundus of the bladder. Elevating this reflected portion of the membrane on the point of the finger, I exposed the anterior wall of the bladder below it, thus entirely avoiding the cavity of the abdomen. The exposed portion of the bladder was next raised on the point of the sound and perforated with the sharp-pointed bistoury, and the wound enlarged a few lines. On withdrawing the knife, I immediately introduced the index finger, to survey the interior of the bladder, and very soon detected the location of the stone. It was, however, deeply imbedded in a cyst, from which it was impossible to dislodge it with the finger. To effect its dislocation, I introduced into the bladder a probe-pointed bistoury, and, guided by the point of the finger, I carefully passed it under the edge of the cyst,

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and enlarged the opening sufficiently to liberate the stone. Now seizing it with the forceps, I succeeded in removing a calculus over four inches in circumference.

Much the largest portion of this stone was as rough as a rasp, and this corresponded with the extent of the cyst, while the small portion, which had been exposed, was quite smooth. The chloroform mixture was used. The patient had a rapid recovery.

After this operation the patient returned to his trade, that of shoemaking, and I did not hear of him again until September, 1851. Up to this time he did pretty well, excepting that the power of his bladder never returned. Ever since my first visit he had been under the necessity of using the catheter. He called upon me now in consequence of a return of his old symptoms. He was suffering greatly from a constant accumulation of offensive, phosphatic, and muco-purulent urine. I sounded him again repeatedly, but could detect no calculus. Hoping that the Hydrangea Arborescens might benefit him, I recommended its use to him. He tried it, and at first thought it advantageous in increasing the sabulous, and diminishing the muco-purulent deposits in the urine, but in a short time it seemed to lose its effects. He now entered the Pennsylvania Hospital, and lingered out a miserable existence, until death ended his sufferings in March, 1853.

CASE III.—*Mrs. C. B., æt. about 50; entire absence of uterus; symptoms of stone simulated by a polypus of the urethra; Hydrangea Arborescens prescribed without benefit; removal of the polypus.*

This patient consulted me in November, 1850, for a most distressing and painful condition of the bladder. As she had been, for a long time, treated without success by several excellent members of the profession, I immediately subjected her to a thorough examination. The sound, introduced into the bladder, gave her intense agony, but did not come in contact with any foreign body. By the touch, and speculum, per vaginam, I discovered a very singular state of things. No appearance of uterus, not even rudimentary, could be detected. The vagina was short, and, like the cæcum, terminated in a cul de sac, at the upper extremity of which could be seen, through the speculum, a very small orifice-like indentation, which barely admitted a small sound. Per rectum no uterus could be discovered. The patient had been married for many years, but of course had had no children.

My treatment was directed specially to the bladder, and was followed by some relief, which, however, was only transient. Her intervals of

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ease were longer, but the paroxysms of suffering were at times very great. Nothing could be discovered by repeated soundings. In the month of September, 1851, I began to prescribe the Hydrangea Arborescens, gave it a faithful trial, but it proved entirely useless. I now instructed her in the use of the catheter, and ordered her to inject the bladder with a solution of the nitrate of silver. This afforded her more relief than any other mode of treatment, but still she was a great sufferer. She noticed, however, while using the catheter, that its introduction was frequently impeded about an inch within the urethra. Besides, for years while urinating, the flow of urine would be suddenly stopped before the bladder was emptied. This, together with the failure in detecting stone, induced me to make another, and different examination in February, 1853. I placed the patient on her back across the bed with her hips over the edge, so as to expose the urethra to a strong light from a window. I now stretched open the urethra with a small bi-valve ear speculum, and requested the patient to strain as if making water. By this manœuvre a small polypus was brought into view, which seemed to have its pedicle attached about midway up the urethra. Next day, I seized the polypus with a small tumor forceps and drew it down, while at the same time I passed up a narrow probe-pointed bistoury and severed the pedicle. Afterwards I cauterized the urethra with the solid nitrate of silver. She was greatly relieved, and, although she is yet not entirely free from renal and urethral irritations, she enjoys comparative comfort, and has required no treatment since the removal of the polypus.

CASE IV.—*Mr. F. A. æt. about 45; Vesical calculus; Lithotomy; Bilateral operation; Hydrangea Arborescens used as a prophylactic; Recto-vesical Fistula, cured by actual cautery.*

Mr. F. A. called at my office on the 25th of April, 1851, complaining of symptoms of stone. I immediately placed him on the edge of a chair, introduced a sound, and struck the stone, so as to *clink* it audibly. His disease had forced him to abandon his trade, that of shoemaking, and to throw himself as a beneficiary upon societies to which he belonged.

On the 16th of May following, in the presence of Drs. Grant, Darrach, Wiltbank, Gilbert, and Gobrecht, I made the bi-lateral section of the perineum, and, guided by the straight staff, entered the bladder with the probe-pointed scalpel, and without any difficulty removed a large calculus, while the patient was under the influence of the chloroform mixture. He made a rapid and good recovery, after which I placed him

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under the use of the Hydrangea Arborescens, merely as a prophylactic and a tonic diuretic.

On the 15th of June, after exposure, he was seized with Hernia Humoralis, which readily yielded to treatment. After a visit to the country for a few weeks, I was summoned, on his return, to see him, and upon examination I discovered an abscess forming near the sphincter ani, which soon terminated in a Fistula. On the 5th of August I operated upon him for fistula, from which he rapidly recovered. Some days after this, however, he observed that the anus became moistened by urine. On passing the catheter into the bladder, and my finger into the rectum, I found a small opening immediately above the internal sphincter, which allowed the finger and instrument to come into contact. I determined to try to close it by means of the actual cautery. For this purpose I had constructed, out of hard wood, a speculum, closed at the upper end and having an oval opening on the side. When this was introduced into the rectum in the proper position, I could survey the recto-vesical orifice through the opening in the speculum. The patient was now instructed in the use of the catheter, and ordered to use it exclusively as a substitute for the natural mode of emptying the bladder. By separating the applications of the actual cautery from time to time, and persisting in the use of the catheter, the recto-vesical fistula was finally closed. The patient has since enjoyed as good health as he ever did, has full power over his bladder, is free from all fistulous openings, and again supports his family by his own labour.

CASE V.—*Mrs. I., æt, 70 years; Procidentia Uteri; vesical calculus, removed entirely by the forceps; Hydrangea Arborescens as a prophylactic.*

May 1, 1851. Mrs. I called upon me with a letter from my brother, Dr. J. L. Atlee of Lancaster; desiring me to procure an apparatus suitable for the relief of Procidentia uteri, under which she was laboring. She was suffering greatly, much more than was usual in cases of the kind, and as the train of severe symptoms was thought to be dependent upon the dragging weight of the uterus, the reposition of this organ seemed to be the only indication of treatment. Consequently, every effort was made to retain the uterus in its position, and a great variety of mechanical contrivances were tried without success. Knowing that we had greater facilities for treating such deformities in Philadelphia, my brother sent her here. I had constructed for her a pessary of gold, supported by a rod or stem of silver, and this latter was attached to an ex-

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ternal frame-work of silver wire; the whole being sustained by a suspensory bandage round the hips. This met every indication and maintained the uterus in position admirably. Although this enabled her better to make use of locomotion, I was greatly surprised to find that it afforded no relief to her intense suffering. As the great distress was in the bladder, I began to suspect the existence of stone, and sounded her on the 31st of May. A calculus was soon detected. It did not appear to be large. With the view of crushing it, I immediately commenced dilating the urethra. In the mean time, I had also, constructed a small fenestral forceps, of peculiar form and joint, which I could introduce through the urethra into the bladder, and, without stretching the urethra with the handles, open the blades wide enough to grasp the stone. Every thing having been prepared, I decided to operate on the 7th of June. Before introducing Heurteloup's instrument, I essayed with my small forceps. I passed it easily into the bladder, and almost immediately grasped the stone. The distance between the separated handles of the instrument led me to believe that I could extract the calculus with safety, by means of the forceps. Maintaining the grasp, I now placed the patient under the influence of the anæsthetic mixture, and then, by gentle, steady, and persistent traction, I finally succeeded in bringing the stone through the urethra. It was round, shaped like a marble, exceedingly rough, dotted all over with angular points, and measured two inches in circumference. I immediately placed her on Hydrangea Arborescens as a phophylactic, and she has enjoyed the most perfect ease and health ever since.

CASE VI.—*Mr. D. D., æt. about* 30 *years; vesical calculus, Lithotomy, Bi-lateral operation; two stones removed; Hydrangea Arborescens, used with success, to correct a morbid condition of the urine.*

June 14, 1851. D. D. a poor Irish farm-laborer was sent to me by Drs. Blackfan and Walker of Delaware Co. He was laboring under the most aggravated symptoms of stone, and had a constant dribbling of urine. He had the longest prepuce I had ever seen. It was fully as long as the penis itself, tumefied, inflamed, and very sore. I attempted to pass a sound into the bladder, but could not succeed in striking the orifice of the urethra, in consequence of the glans penis being beyond sight, and buried at such a depth below the elongated prepuce. Its tender and inflamed condition prevented, also, its retraction, so that it was impossible to expose the urethra in the ordinary way. To accomplish this I took my bi-valve speculum ani, and, anointing it well, succeeded in

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gradually introducing it down to the glans—then by expanding the blades in a good light, I was enabled to see the orifice of the urethra at the extremity of the speculum. I had no difficulty now in introducing the sound, and immediately on its entering the bladder I felt it *rub* against a stone.

On the 20th of June, in the presence of several physicians and students, I made the bi-lateral incision in the perineum, and, using the same staff and scalpel, as in my previous operations, I removed two stones of a very peculiar shape. One was adherent to the neck of the bladder, the other adherent to its wall. In form they resembled calcareous incrustations, such as occur in caves. They were unevenly flat, about one quarter of an inch thick through their smallest diameter, and very rough. They evidently had been incrustations on the wall of the bladder.

The patient did well after the operation. The urine, which escaped from the wound, continued to be very offensive; the inflammation and swelling of the prepuce rapidly diminished; and all things seemed to be going on favourably until July 3d, when no urine escaping by the wound, nor through the urethra, he suffered greatly from retention until he was relieved by the catheter. After this he passed urine naturally, but the urine was offensive, and loaded with muco-purulent and sabulous matter. Under the use of the Hydrangea Arborescens, however, this all disappeared, and he has had no trouble since, having returned to out-door work in the country.

CASE VII.—*Mrs. W. S., æt. about 50 years; symptoms of stone simulated by a vascular tumor of the urethra; Hydrangea Arborescens used without benefit.*

This patient consulted me, July 28th, 1851, with symptoms of stone. No calculus, however, could be detected by the most careful sounding. Knowing that such symptoms are sometimes associated with inflammations of the os and cervix uteri, I made a speculum examination of the uterus and vagina, but found these parts in a healthy condition. I prescribed different medicines for her relief, among others the Hydrangea Arborescens, but all without good effect. I also instructed her in the use of a large flexible metalic bougie, and ordered her to introduce it three times a day, permitting it to remain in contact with the parts ten or fifteen minutes at a time. Although I have found this procedure highly useful in irritable urethra of the male, it only increased her suffering. In August, 1852, I advised her to allow no urine to touch the

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urethra, but to draw off all by means of the catheter. This she faithfully carried out, although the catheter gave her intense pain. While using the catheter one day, seated over a mirror, she noticed a peculiar red tumor at the mouth of the urethra, to which she afterwards called my attention. I placed her in the same position, and with a looking glass beneath her, which also reflected the sun's light against the parts, I made a very satisfactory examination. While in this position, I caused her to strain, as if making urine, and the effort expelled a small tumor, of a florid red color, highly vascular, and extremely sensitive to the touch. I immediately recognized the disease known as the *vascular tumor of the urethra.* As I had successfully treated cases before by excision, and the subsequent applications of the vegetable caustic, I proposed to treat her case in the same way. She shrunk from the idea of submitting to any operation, and as I could not suggest any other mode of relief, she still remains a sufferer.

CASE VIII.—*Mrs. C. æt. about* 48 *years; symptoms of stone simulated by Granular Inflammation of the os and cervix uteri; Hydrangea Arborescens used without benefit.*

March 22, 1852. I was consulted by Mrs. C, for symptoms of stone, under which she had suffered for a long time. I sounded her without detecting any thing in the bladder, but the introduction and presence of the instrument were excessively painful. I placed her under treatment, using, with other remedies, the Hydrangea Arborescens, but without the least relief. No benefit having been derived from treatment, I examined her more thoroughly on the 29th of April. The sound was still as painful as before, and detected nothing in the bladder. But upon making a speculum examination of the uterus, I discovered a high state of granular inflammation of the os and cervix uteri. The inflammation extended into the interior of the uterus, as indicated by the transparent tenaceous jelly-like discharge, which filled up the os tincæ. After this discovery, believing that the urinary distress arose entirely from the uterine disease, I suspended all former treatment, and immediately applied the solid nitrate of silver to the whole of the diseased surface. After several applications of the nitrate of silver, she experienced great relief. The speculum treatment was continued until the 25th of August when she was discharged, cured, not only of the uterine inflammations, but also of every vestige of the symptoms of stone, which, in this case, proved to be wholly sympathetic. She has remained perfectly well ever since.

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I may here state that my experience teaches me that cases, such as this, are by no means uncommon.

CASE IX.—*Mr. D. æt.* 71 *years; vesical Calculus; Lithotomy, lateral operation, stone removed; other calculi formed, and removed by Lithotrity; Hydrangea Arborescens prescribed for subsequent symptoms, and with benefit.*

This patient came under my care, March 30, 1852. For 20 years he had been afflicted with symptoms of stone, had been repeatedly sounded, but nothing detected. He was now suffering under the greatest agony, and the bladder would not tolerate the introduction of the sound. I administered anodynes and demulcents, and on the first of April, after placing him under the influence of the chloroform mixture, I sounded the bladder, and without difficulty *clinked* the stone.

April 11, 1852. In the presence of Drs. Dorr, Drysdale, Stewart, Gilbert, Gobrecht, and Whiteside, and my pupils, Messrs. Atlee and Henderson, I operated by the lateral incision, using the probe-pointed scalpel and curved staff. A pretty large stone was removed while the patient was in a state of anæsthesia. He recovered rapidly from the operation, and enjoyed a perfect respite from suffering until May 24, when after exposure, he was seized with Hernia Humoralis. This proved troublesome, and it was followed by mucous and phosphatic discharges from the bladder. I now prescribed the Hydrangea Arborescens, with decided relief—but this was only for a short time. The symptoms became more and more characteristic of stone, so much so, that on the 25th of October, 1852, I sounded him again, and the sound seemed to play among several small calculi. On the 27th I introduced the Lithotripteur of Heurteloup, and crushed one of the stones. On the 30th, I broke up more. The operations were repeated, Nov. 4th and 13th, until every calculus in the bladder was destroyed. The particles collected filled a half ounce phial. The Hydrangea Arborescens was again administered, and its use continued until February 1853, with the effect of improving the character of the urine. The old gentleman's health greatly improved, and he increased in weight, became active and quite comfortable.

I should observe that after the last operations of Lithotrity I had made for him a large silver catheter, with large eyes in it, which he used every 2 or 3 days to draw off his urine, and whatever of detritus might have accumulated in his bladder. This was done with the view

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of getting rid of any particles that might serve as nuclei for the formation of other calculi.

In February 1853, he began the use of Lee's Lithotriptic, which he thought did him good. He soon after left for his home, in New York. I have heard from him during this week. He now enjoys better health than he has done for over 20 years.

CASE X.—*Mrs. A. C. æt. about 35 years; Renal Calculi; Granular Inflammation of the Os and cervix Uteri; Hydrangea Arborescens used without benefit; subsequent discovery of Tumor of the uterus.*

May 30th, 1852. I was consulted by Mrs. C, for symptoms of stone. None could be detected in the bladder by the sound, the presence of which was almost intolerable to her. She had previously suffered several times from the passage of renal calculi through the ureter, and about 8 years before, while pregnant, she had discharged two large renal calculi through the urethra. I extended the examination to the uterus, and by means of the speculum discovered the existence of granular inflammation of the os and cervix uteri. Knowing that this disease itself, even when not complicated with other maladies, often causes similar symptoms, I treated her for it with the hope that she might be relieved of much of her distress. Under the use of the solid nitrate of silver she entirely recovered of the uterine disease by the latter part of August, and although benefitted in some respects by the treatment, the most painful and troublesome symptoms remained. The cause of the failure, I think, may be explained by an attack of sickness some time before she came under my care. She was then treated by a very intelligent and judicious practitioner, Dr. Charles Garrison, of Swedesboro', New Jersey. He writes, under date of July 21st, 1854, as follows:—"About 2 or 3 years ago she had another attack of the same disease, as I then thought and still think. There was the same acute lancinating pain in the loins, accompanied by nausea and fainting fits, alternated with rigors and vomiting. The pain was paroxysmal, and, at times, so overwhelming as to perfectly paralyze her. The pain and soreness were exactly in the course of the ureters, shooting particularly into the groin and bladder, producing a prickling sensation, with numbness of the sides of the thigh of the affected side. In the other instances, the disease, after lasting from a few hours to a week, was relieved by discharging the stone. Now, no such blessed relief came, and she has continued till now a great sufferer, especially when she takes imprudent exercise by carriage or otherwise, which she is constantly prone to do. I am firm-

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ly convinced that there is a stone in the ureter, (or kidney, or both,) that is impacted there, and that the water finds a passage by the side of the concretion into the bladder." In this view of her case, I am happy to say that I perfectly agree with Dr. Garrison.

After treating her for the uterine inflammation, I directed my attention more particularly to the calculus affection. I prescribed the Hydrangea Arborescens, alone and combined, and also a variety of other remedies, but none of them with advantage. I have examined Mrs. C. and prescribed for her, several times since, without discovering any thing new, or rendering her any relief. The last time, however, I saw her, June 28th, 1854, a new aspect of the case presented itself. In making an examination per vaginam et rectum, I discovered on the posterior part of the body of the uterus an uneven tumor, tolerably hard, and very tender to the touch. Pressure upon it caused pain up the left side. It appeared to be about the size of an egg. The whole uterus was quite moveable. The uterine sound would not enter. The bladder was too sensitive to tolerate the presence of the sound. Menstruation had been suspended for three months.

PROCEEDINGS OF MEDICAL SOCIETIES.

Burlington County.—The quarterly meeting of the *District Medical Society for the County of Burlington* was held at Mount Holly, on the 11th of July, the President, Dr. Page, in the Chair. Dr. W. L. Martin was appointed Secretary pro tem. The minutes of the last meeting were not present. Miscellaneous business came first in order.

Dr. Stratton spoke of two cases of croup which came under his observation a few weeks since. The first case proved fatal under the ordinary course of treatment. In the second case, the ordinary course was pursued until a period was arrived at when the case seemed hopeless. Calomel in very large doses (ʒss) was then ordered, and a solution of nitrate of silver was applied by means of a sponge to the throat. The child recovered. In the treatment of this case 249 grains of calomel were given in about 36 hours.

Dr. Woolston mentioned a case of asthma, in which he used strychnia successfully. *Dr. Read* had seen an aggravation of the symptoms from the use of strychnia. *Dr. Stratton* had seen decided benefit result from the use of nitric acid. *Dr. Waller* had used balsam of Capaiba with success.

The election of members being in order, the following persons having been proposed at a former meeting, were duly elected—*Drs. J. Howard Pugh, T. E. Waller, E. B. Woolston,* and *L. Bailey.*

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The following were proposed for membership—*Drs. Price*, of Tuckerton; *J. Stroud*, of Moorestown; *A. Treganowan*, of Beverly, and *Bean*.

The discussion on Puerperal fever which was laid over at the last meeting, was resumed. The discussion was animated, and was participated in by Drs. Stratton, Read, Coleman, Goodell, Woolston and Page. Several interesting cases were related, which occurred a few years since in Mount Holly and vicinity. The speakers seemed to be united in the opinion, that the disease is capable of being propagated by contact. Blood-letting was considered the main remedy to be relied upon, but must be resorted to *early* to have a good effect. Opium, calomel, and purgatives were spoken of as of secondary consequence.

Members present—Drs. Page, (Pres't) Stratton, Read, Goodell, Coleman, Reid, S. C. Thornton, Jr., S. Woolston, Waller and Martin. Individuals not members, Dr. Treganowan.

Adjourned to meet at the house of S. B. Campion, Mount Holly, on the second Tuesday of October next.

W. L. MARTIN, *Sec pro tem.*

Camden County.—"The District Medical Society of Camden County" met at English's Hotel, in Camden city, at 12 o'clock, M., on Tuesday, the 4th of July. Members present, Drs. Isaac S. Mulford, O. H. Taylor, R. M. Cooper, J. V. Schenck, D. Stout, A. D. Woodruff, and T. F. Cullen.

The President, Dr. C. D. Hendry, being absent, Dr. Isaac S. Mulford was appointed President *pro tem.* Several medical gentlemen, not members, were invited to seats, and to participate in the proceedings of the meeting.

The Standing Committe on Diseases Incident to the County, made through its chairman, Dr. O. H. Taylor, an elaborate and interesting report, which led to an animated discussion, and elicited much valuable information to the faculty. The report was received and ordered to be filed.

Reports were received from the delegates to the American Medical Association, which recently met at St. Louis, and the Medical Society of New Jersey, and were accepted.

On motion the following preamble and resolutions were adopted:—

WHEREAS, the Medical Society of the State of New Jersey recommends to the several district Medical Societies, that their members adopt the plan of presenting their accounts for medical services rendered at the close of each case of sickness, or on the first of the following month,

Resolved, That the "District Medical Society for the County of Camden," recommend their members to adopt the plan proposed by the State Society.

Resolved, That the following "rates of charge" agreed upon by the Medical Society of New Jersey, for the government of its members, be adopted by this District Society:—

Each visit, - - - - - -	$0.50 to $1.00
" at night, - - -	$1.50 to $2.00

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In both instances, where the distance exceeds a mile, mileage to be added, at the rate of 25 cents per mile.

Every visit and opinion by the consulted Physician, or Surgeon, exclusive of traveling fees, $3 to $5.

Obstetric cases, from $5 to $20.

Extra services to be charged for according to circumstances. Where medicine is furnished, to be charged for according to the established rates.

Resolved, That this preamble and resolutions be printed in the county papers for three weeks.

On motion, Drs. G. R. Bartholomew, of Haddonfield, and R. C. Dean, of Camden, were elected members of this Society.

Drs. Isaac S. Mulford, and A. D. Woodruff, were appointed delegates to the American Medical Convention, to meet in Philadelphia in May next, and Drs. J. V. Schenck, G. R. Bartholomew, R. C. Dean, and C. D. Hendry, were elected Delegates to the State Society.

At this stage of the proceedings the Society adjourned for dinner, and, after partaking of a sumptuous repast, the meeting was reorganized, when Dr. C. D. Hendry, the President, was present and took the chair, and the Society proceeded to the election of officers for the ensuing year, with the following result:

President, Dr. A. D. Woodruff; Vice-President, Dr. J. V. Schenck; Secretary and Treasurer; Dr. Thomas F. Cullen; Standing Committee, Drs. Isaac S. Mulford, John W. Snowden, and R. M. Cooper.

On motion, adjourned, to meet in Camden on the third Tuesday in May, 1855.

Hudson County—Special Meeting, May 10, 1854.—Present, Drs. Varick, Cornelison, Thomson, Dummer and Reeve.

The Society was called to order by the Vice-President, Dr. Varick, in the absence of the President.

On motion, the rules were suspended for the purpose of electing Dr. Reeve a member of the Society.

Moved by Dr. Thomson, seconded Dr. Cornelison, and *Resolved*, that Dr. D. L. Reeve be elected a member of this Society.

An Essay on the "Physiology of Digestion" was then read by Dr. Thomson, followed by an Essay on "Gastro Intestinal Irritation," by Dr. Varick.

On motion, it was *Resolved*, that the thanks of the Society be presented to the above named gentlemen, and that a copy of each Essay be furnished to the Secretary to be forwarded to the "NEW JERSEY MEDICAL REPORTER" for publication.

On motion, it was *Resolved*, that the By-laws be amended, so that regular quarterly meetings may be held.

By amendment, the times of meeting were set as follows: the second Wednesdays of May, August, November, and February.

The semi-annual dues were then collected.

On motion, it was *Resolved*, that absent members be fined fifty cents.

On motion, *Resolved*, that Essayists be appointed for the next meeting.

On balloting, Drs. Condict and Dummer were elected.

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Dr. Burrows was then proposed for membership, and the meeting adjourned.

J. H. VONDY, *Secretary.*

Regular Quarterly Meeting, August 9, 1854.—Present, Drs. Cook, Varick, Culver, Cornelison, Dummer, Reeve, and Vondy.

The minutes of the last meeting were read and adopted.

On motion, it was *Resolved*, that Dr. Burrows be notified to hand in his credentials for inspection at the next meeting.

On motion, it was *Resolved*, that in case of a quorum not being present at any future meeting, absent members be fined one dollar each.

Dr. Dummer then read a description of the effects of "Cannabis Sativa" as experienced by himself. A copy was requested for publication in the NEW JERSEY MEDICAL REPORTER.

Drs. Culver and Vondy were then elected Essayists for the next meeting, and on motion it was

Resolved, That in future all those who may be appointed Essayists, be present with a copy of their Essay, or in case of unavoidable absence, they may send a copy thereof to the meeting of the Society, for which they were appointed, on pain of being subjected to a fine of five dollars.

It was then on motion *Resolved*, That the Secretary of the Society notify Dr. A. A. Lutkins, that he may sign the Constitution and By-laws, and comply with the rules of the Society on pain of suspension from membership.

The meeting then adjourned till the 2d Wednesday of November.

J. H. VONDY, *Secretary.*

Mercer County.—The District Medical Society for the County of Mercer, met at Temperance Hall, Trenton, on Tuesday, July 8, 1854.

Members present, Drs. W. W. L. Phillips, J. H. Phillips, Robbins, Woolverton, Johnston.

The President, Dr. W. W. L. Phillips, in the Chair.

Dr. T. J. Corson, late of Morrisville, was present, and was invited to participate in the proceedings.

Dr. J. H. Phillips related some interesting Obstetrical cases.

Dr. Robbins reported a case of Constipation, which resulted fatally. Post mortem examination revealed a peculiar mal-formation of the colon, which was completely filled with hardened fœces, and entire absence of uterus, ovaries and vagina.

Dr. J. H. Phillips read an Essay on Cholera.

Dr. Woolverton related a case of Rheumatism in a violinist, whose joints and muscles requisite in playing were not affected by the inflammation.

Dr. Corson related a case of Rheumatism complicated with hæmatemesis, in a boy, which terminated fatally.

Dr. Woolverton was appointed Essayist for next meeting.

Subject for discussion continued, viz: "Disturbance of nerve-function."

The following amendment to the by-laws was proposed:—"And it shall be the duty of the President on retiring from office to address the Society."

The Society then adjourned. JOHN A. JOHNSTON, *Sec'y.*

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BIBLIOGRAPHICAL NOTICES.

HAND BOOK OF CHEMISTRY, *Theoretical, Practical, and Technical.* By F. A. ABEL, Professor of Chemistry at the Royal Military Academy, Woolwich, and Assistant Teacher of Chemistry at St. Bartholomew's Hospital; and C. L. BLOXHAM, formerly first Assistant to the Royal College of Chemistry, with a preface by Dr Hofmann; and numerous illustrations on wood, pp. 681. Philadelphia: Blanchard & Lea. 1854.

The medical and scientific public are not a little indebted to the enterprising house of Blanchard and Lea, for a large number of reprints of valuable foreign works, which would not otherwise be accessible to students, on this side of the Atlantic. The work before us is one of this class. The department of Chemistry has undergone many important changes within the past few years, and its literature seems to have increased in a corresponding ratio. Scarcely any of the sciences has produced so many, and so extensive works: so rapid are the discoveries in chemical science, especially in organic chemistry, that an author scarcely has time to put his book in print, before some of its facts are set aside, and some of its conclusions superceded, and hence the necessity of new works on chemistry, to keep pace with the advancement of knowledge in its several departments. Indeed to present a treatise on chemistry, which should comprehend all its known facts, and develop all its theories, would be found an undertaking scarcely within the scope of any one chemist. In the case of the late Gmelin who has made the most successful effort in that direction, since the prodigious advances referred to, we have a melancholy instance of a great labor, arrested in its course by the unsparing hand of death.

The Hand-book of Abel and Bloxham, does not aim to be a complete treatise, so much as a practical guide to laboratory practice. Its value consists in combining a general description of important elementary and compound substances, from the inorganic and mineral kingdom, with such practical hints on analysis as will enable the student whose chemical education may have been previously limited, to comprehend, and even practice this most important department of the science. To those acquainted with the difficulties attendant on analytical investigations, we need hardly say the task assumed by our authors is a most difficult one —analysis, while it is the most useful, is also the most difficult annlic-

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tion of chemical knowledge. It is not acquired without practical instruction, nor can any one become successful in it, without a thorough knowledge of chemical laws. To aid in overcoming difficulties of students, the authors have had the advantages of some years experience in the laboratory of Dr. Hofmann, both as pupils and assistants, and appear to have availed themselves of all the advantages of their position. Their book is a good practical chemistry, and should be placed on the shelf of practical chemists and analysists generally. E. P.

A UNIVERSAL FORMULARY, *Containing the methods of preparing and administering officinal and other medicines:* the whole adapted to Physicians and Pharmaceutists, By R. EGGLESFIELD GRIFFITH, M. D. A new edition, carefully revised, and much extended by ROBERT P. THOMAS, M. D., with illustrations. Blanchard & Lea, 1854.

The book before us gives evidence of great industry and research on the part of its author, and of zealous editorial revision. With its index it covers six hundred and fifty-one pages, and may be regarded as an excellent book, *of its kind*, full and complete in its matter, and careful in its arrangement; and yet *its kind*, is to us, its objectionable feature. For the physician it furnishes not much more than an abundant collection of a variety of prescriptions and formulæ, which as a general rule, he is better without. If he is careless, and disposed to routine, and satisfied with the dictum of an author, however wise or the reverse, he may know not, he may find much material in this book, and many good prescriptions, and excellent suggestions, that will save him the thinking, and as he may guess, divide with him the responsibility. It is capital for the apothecary, who may prescribe for the sick by its direction, and compound useful formulæ for his shelves, and fancy cases, and make himself appear quite a Doctor, by the readiness with which he offers advice gathered from its pages. Such are the abuses to which books of this kind are liable, and hence their multiplication is not desirable. The work itself however, has its merit. Some of its prescriptions have their value, and to the student the chapter on "officinal preparations, and directions" is very important.

Had the "Index to diseases, and their remedies," been omitted, we should place more value upon the book, than with it, simply for the reason, that it is a strong tempter to empiricism. But like the old Parson who saw a strange admixture of good and evil in the character of his parishioner, over whose grave he was trying to pronounce an eulogy, we may come to our "*finally*" and say; "What'er is good in the (book) that do, and what'er is not good, that [illegible]"

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CLINICAL LECTURES ON PULMONARY CONSUMPTION. BY THEOPHILUS THOMPSON, M. D., F. R. S. Fellow of the Royal College of Physicians, London, Physician to the Hospital for Consumption and Diseases of the Chest, author of *Annals of Influenza*, prepared for the Sydenham Society, &c. &c. Philadelphia: Lindsay & Blakiston, 1854.

The modest volume introduced to the professional public with the foregoing title, is but another evidence of the remarkable progress that has been made within the last quarter of a century, in the diagnosis and treatment of thoracic disease. Dr. Thompson has had ample opportunity for observation, in his hospital connection, and as he has observed critically, the result of his experience is in some respects peculiarly interesting. In Lecture X, reference is made to the fact, that the introduction of some poisons into the system, is manifested at the dental edges of the gums, by a characteristic streak or margin: and he suggests that the morbific poison changing the quality and quantity of the blood, in some diseases may possibly produce a characteristic mark in the same portion of the mucous membrane. "Considerable attention to this inquiry has impressed me with the conviction of the frequent existence, in consumptive subjects, of a mark at the reflected edge of the gums, usually deeper in color than the adjoining surface, and producing a festooned appearance, by the accuracy with the curve of the gingival margin; this mark is in some persons a mere streak; in others, a margin, sometimes more than a line in breadth. In the most decided cases, this margin is of a vermillion tint, inclining to lake. * * As a general rule, the line is most distinct around the incisor teeth, but is frequently apparent also round the molars. I am not without suspicion that the form of the mouth influences the direction in which the margin is most obvious, patients with a long upper lip, applied closely over the jaw, often presenting around the incisors either no line, or one only slightly marked, whilst around the canine teeth the margin is well delineated. In toothless individuals, when the gums smoothly cover the sockets, no mark is observable, but when imperfect stumps remaining, prevent the smooth adjustment of the surface, the streak is found."

This gingival streak is not always present in consumption, and its absence is regarded as a favorable circumstance. When it is strongly marked, there is often hypertrophy of the border of the gum, suggesting an analogy to the tightened skin about the nails in clubbed fingers. "Of thirty-eight men lately examined in reference to this analogy, twenty-three had the fingers more or less clubbed, and none in whom this appearance was obvious, were free from the margin on the gums."

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These extracts are exhibited to give an idea of the critical manner in which the subject is investigated, and to incite an interest in it. We have been profited by a perusal of the book, and hence are free to invite our readers to do likewise.

A CLINICAL INTRODUCTION TO THE PRACTICE OF AUSCULTATION, *and other modes of Physical Diagnosis, in diseases of the Lungs and Heart.* By H. M. HUGHES, M. D., Fellow of the Royal College of Physicians, assistant Physician to Guy's Hospital, &c. Second American, from the second, and revised English Edition. Blanchard and Lea, 1854.

It is gratifying to find the facilities for studying the physical signs of disease, by auscultation, &c., increasing, as they are, by the contributions of men, experienced in this department of science, to the medical literature of the day. Dr. Hughes has prepared his book for students, "whether old or young," and has written it in a plain, colloquial style. He first gives directions as to the demeanor of the examiner, and his qualifications; the position of the patient, the regional divisions of the chest, and defines the different modes of exploration. Of these he has six, which are presented in order, as follows: Inspection or ocular examination—Palpation, or manual examination—Percussion, or examination by striking—Auscultation, or examination by the ear—Mensuration, or examination by admeasurement, and Succussion, or examination by shaking. The chapters on these several modes, are of course devoted to a full history of their performance, and of the variety of divisions of which they are susceptible; and the sounds, rattles, tinklings, rubbings, rustlings, vibrations, cracklings, crepitations, impulses, murmurs, and breathings, in health, and disease, are described with a minuteness and apparent accuracy, which indicates a degree of observation, and care, that inspires confidence in the author, and entitles his views to respect. The work contains about three hundred small 8vo. pages, and is well worth attentive reading.

The Pathology and Treatment of PULMONARY TUBERCULOSIS; *and on the Local medication of Pharyngeal and Laryngeal diseases, frequently mistaken for, or associated with Phthisis.* By JOHN HUGHES BENNETT, M. D., F. R. S. E., &c., &c. Philadelphia: Blanchard & Lea, 1854. Pp. 130.

In 1832 the civilized world was started by an invasion into eastern Europe from the adjacent Asiatic countries, more terrible in its results than were the ravages of Huns, Honveds, and Heruli, Goths, Vikings and Vandals of the earlier centuries of the Christian era. The *Asiatic*

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Cholera swept over Europe and America, decimating cities, towns, and villages, and spreading consternation on every hand. Towns were deserted, strict quarantine regulations were instituted, boards of health appointed, sanitary measures adopted, and the God of Heaven implored, in fastings and prayers, to stay the pestilence. Four several times has this scourge visited the civilized world, and then subsided for a series of years. Properly enough it has been made the subject of study and observation by pathologists and practitioners throughout the world, and their labors have not been without good results.

Yet there is a disease which has insidiously enthroned itself in every house in christendom, demanding as a yearly sacrifice, an average of one from every family, selected from among the fairest and most gifted of every household! Statistics shew that one-seventh to one-fourth of the deaths that occur in civilized countries are caused by consumption! And yet the medical profession manifest a strange apathy in regard to this disease. They seem to take it for granted, that when once manifested, it is necessarily fatal, and that remedies, other than palliatives, are useless. A learned sanitary Commission, in their report to the Massachusetts Legislature in 1850, says—"If that disease (Consumption,) is ever to be eradicated or ameliorated, it can only be done by preventive means, and not by cure." And they quote the language of an eminent professional man—the late Dr. Fisher of Boston—who says—"No remedial agent has ever yet been, and probably never will be discovered, which will cure the malady when once developed in the lungs." But a brighter day is dawning for the consumptive. Noble spirits are investigating the causes, pathology and treatment of consumption. The past few years have witnessed a complete revolution in the opinions of many eminent medical men as to the efficacy of remedies in the disease.

This change of opinion has been brought about by the aid of auscultation and percussion, in establishing a correct pathology, and by the proper application of remedies. The ground of this change is becoming day by day more patent, as statistics show. According to Dr. Wood of Philadelphia, since the introduction of cod-liver oil, the number of deaths by consumption, in the principal cities of the United States, has diminished from 14.8 to 12 per cent.

It falls to our lot to notice two works, this month, devoted to a consideration of the subject before us. We have been very much profited by a perusal of Dr. Bennett's work. No one can read his admirable treatise and not be convinced that consumption is curable even in its advanced stages. According to Dr. B. "the great obstacle the practitioner

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has to contend with are the dyspeptic symptoms, which render all his efforts at nourishing the patient in the ordinary way, useless."

The treatment he recommends is analeptic, and the chief agent he employs cod-liver oil, close attention being paid to the assimilative functions, to which end minute directions are given. The general treatment is based upon the following pathological propositions—

"1. That tubercular diseases will heal of themselves, if we can support the nutrition of the system.

2. That, with this view, our efforts should rather be directed to the digestive than to the pulmonary system; and,

3. That the kind of morbid nutrition which exists is excess of albuminous, and deficiency of the fatty element, in the chyle. The kind of treatment applicable to correct both the lesion of the blood, as well as of the subsequent tubercular deposits, is not tonic, stimulating, or antiphlogistic, but truly analeptic or reparative, and directed to the supply of those elements of nutrition which pathology indicates are deficient in this class of diseases."

We hope the medical profession will arouse themselves to a sense of the importance of studying this disease more, and to this end would heartily recommend to them this little work of Dr. Bennett. On behalf of our readers we beg the publishers to accept our thanks for re-producing the work in this country. S. W. B.

The Modern Treatment of SYPHILITIC DISEASES, *both Primary and Secondary, comprising the Treatment of Constitutional and confirmed Syphilis, by a safe and successful method; with numerous Cases, Formulæ, and Clinical observations.* By LANGSTON PARKER, Surgeon to the Queen's Hospital, Birmingham. *From the third and entirely re-written London edition.* pp, 316. Philadelphia, Blanchard and Lea, 1854.

The publishers, Blanchard and Lea, of Philadelphia, have here given us a comprehensive work on the subject of syphilitic disease, well adapted to the wants, especially of country practitioners, who have but occasional need of referring to such a work. The author brings to his aid an experience of nearly twenty years of practice in his specialty, during which period he has, besides the extended field of observation presented by a large hospital practice, personally treated more than 8000 cases.

Those of our readers who are so unfortunate as to be pestered with syphilitic cases, would do well to have the above work on their shelves.

S. W. B.

*** We have just received from the publishers, S. S. & W. Wood, New York, two works on Insanity, by Pliny Earle, M. D., which will be more fully noticed in our next.

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EDITORIAL.

PHILADELPHIA, AND HER MEDICAL SCHOOLS.

The central location of Philadelphia, and the superior advantages she offers, combined with other causes, have long made that city a favorite place of resort for medical students from all parts of the country. Experience in teaching, together with the policy she has ever pursued, of inviting to her vacant chairs men of talent from various sections of the Union, give her professors high character and influence. The demand for student accommodation has increased rapidly of late, causing a corresponding increase in the number of her schools.

As a source of income to the city, these schools are of great importance. For the past few years the number of medical students who have annually visited Philadelphia, has been from twelve to fifteen hundred, whose direct expenditure in the city is not far from $700,000. The citizens of Philadelphia should therefore cherish these institutions, and give them every possible advantage, that superior opportunities may be offered to students. To this end, we trust that the effort that is now making to open Blockley Hospital to Clinical instruction will be successful.

There are four chartered schools in Philadelphia. The *University of Pennsylvania*—the pioneer medical school of the country,—and the *Jefferson Medical College*, have from four to six hundred students each, every winter. The course of instruction in these institutions is thorough, and the professors are able and popular men. The influence exerted by them is immense, and we trust that they will use it to elevate the character of the profession.

The Medical Department of Pennsylvania College is the third school in respect to age. Its professors are young and energetic, and they are all men of acknowledged ability, both as practitioners, and as instructors. There has recently been a change in the faculty, by which David Gilbert, M. D., one of the old faculty, has been transferred to the chair of Obstetrics and Diseases of Women and Children, recently occupied by John Wiltbank, M. D., and Alfred Stillé, M. D. has been elected to the chair of Theory and Practice recently filled by William Darrach, M.D., and John Neill, M. D., fills the chair of Principles and Practice of Surgery, left vacant by Dr. Gilbert.

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The fourth school is the *Philadelphia College of Medicine*, which was started a few years ago, and has been until recently, under a cloud. The old faculty however, having broken down and been disbanded, the school has been entirely reorganized on a respectable footing, retaining nothing of the old order of things but the name, which could not be changed without altering the charter.

Among the new Professors our readers will observe the name of our confrère, Joseph Parrish, M. D., who occupies the chair of Obstetrics and Diseases of Women and Children. It is the intention of the faculty, as may be seen in their announcement, to offer students superior practical advantages which will be of great importance to them.

It is matter of rejoicing that *all* the medical schools of Philadelphia now stand on respectable ground, and we trust that they will all strive to maintain unsullied, the character and good name of the profession. If they do not, they may rest assured that the REPORTER will not spare them, for we shall ever hold ourselves aloof from fraternizing with any school or clique.

In the above notice we have said nothing of the private medical schools, of which there are a number, training Students *and Professors* for the chartered schools.

In a future number, we propose noticing the schools of New York City.

PROFESSOR GIBSON.

This veteran professor of Surgery in the University of Pennsylvania, we understand contemplates resigning his chair, to take effect after next spring. It is said that he proposes going to Europe to spend the remainder of his days. We do not see why he should end his days among strangers, when all his well-earned fame as a Surgeon and Teacher was acquired in his native land.

Who Dr. Gibson's successor will be, we are not informed, but have heard the name of a distinguished Surgeon and Teacher in a Southern College mentioned, as likely to be the choice of the Trustees. There are, we have reason to believe, a number of Surgeons in Philadelphia who are aspiring to the chair. Why not have a sort of *concours* as is the custom in France, when a chair in one of our Colleges is to be filled?

ENCOURAGEMENT.

Amid the labor, toil, and many discouragements incident to our position, it is particularly refreshing to receive material evidence that those labors are appreciated by any considerable number of our professional

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brethren. Such has been the case the past few weeks, as we have received quite a number of accessions to our subscription list, many of them being from the New England states, from which source we have to acknowledge the reception of numerous favors the past year.

Some valuable series of papers are in course of publication in the REPORTER, which commenced with the current volume, either one of which, as well as the portraits with which it is embellished, is worth the price of subscription. Our expenses this year, have been very heavy, and we trust our friends will aid us all they can, by endeavoring to extend our subscription list. We have on hand a few complete sets of the current volume. It is in contemplation to introduce further improvements into the next volume which commences with January next.

HYDRANGEA ARBORESCENS.

In the REPORTER for Oct. 1850, we called the attention of the profession to the *Hydrangea Arborescens*, proposed as a new remedy for a distressing complaint—*Lithiasis*. Since that time the remedy has been tried by several physicians, but we have been unable until recently, to procure facts sufficient to warrant us in recalling the attention of the profession to it. Although some members of the profession have made trial of the Hydrangea, we feel that it has not as yet attracted the attention it merits. The few facts that have come to our knowledge since the publication of our essay in 1850, only confirm us in the opinion that we then advanced, viz: that it is "*capable of removing, by its own specific action on the bladder, any sabulous or gravelly deposits that may be contained in that viscus, not too large to pass the urethra.*" If this is true, our readers can easily see that it is a remedy of no small importance, and well worthy their attention. In our former paper we gave an imperfect detail of four cases, and our friend, Dr. Atlee, of Philadelphia, in an article in the present number of the REPORTER, has been kind enough to give us a detail of his experience in the use of the remedy. Premising that we have only recommended the Hydrangea in cases of *gravelly* or *sabulous* deposits, it will be observed that in Dr. Atlee's cases, in the very ones in which it was at all likely to prove beneficial, it gave more or less satisfaction, as in cases 1, 2, 6, and 9. In these cases the results seem to have been positive. The negative results in cases 3, 7, and 8, strengthen the evidence in favor of the Hydrangea. In case 10 the Hydrangea seems to have been used without benefit, where it was perhaps reasonable to have expected some amelioration from its employment.

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We are under great obligations to Dr. Atlee for the result of his investigations, whether negative or positive, and hope he and others will continue to investigate the virtues of the Hydrangea as opportunity offers. It has been used by a number of our friends in urinary complaints, not of a strictly lithiac character, as in what is popularly termed "gravel"—and in irritation of the bladder in old people, &c. In some such cases it has seemed to be beneficial; but what we wish particularly to be observed by the profession is, its effects where there are *sabulous and gravelly deposits.* Of course it cannot remove a *stone,* though we believe it will prevent the formation of a stone by removing sabulous and gravelly deposits, before they have become too large to pass the urethra.

Case.—We have had but one case in which to test the remedy. Mrs. A. G. B., æt 25. We were first called to see her in attacks of undoubted gravel, several times during the latter part of 1850, and earlier part of 1851. Not having any of the Hydrangea at the time, we treated her on general principles, and she was relieved of her intense suffering only when relieved of the calculus. As soon as we could procure some of the syrup of Hydrangea, we furnished her with it, and she never again had occasion to call upon us. We saw her recently, and she informed us that the medicine had "cured" her, having brought away immense quantities of sabulous and gravelly deposit. She is under the impression that it broke the calculi down, but we doubt whether it is capable of doing that.

The Hydrangea root is kept by some of the druggists of Philadelphia. D. and E. Parrish have prepared a fluid extract, which they think contains the active principles of the remedy, and is the form in which it was employed by Dr. Atlee and myself. Mr. Joseph Laidley, now of Richmond, Va. published an analysis of it in the American Journal of Pharmacy, some two years since.

The form in which the Hydrangea is used by my father, who first called my attention to it, is a syrup made as follows:

℞ Fresh root of Hydrangea, 2lbs.
Water, 6qts.

Boil down to two quarts, strain, and add one quart of honey, and boil down to one quart. Dose—a tea-spoonful twice or three times a day. "I have tried a table spoonful, but it produced vertigo."

We hope the profession will investigate the virtues of this plant, and record them in some of the numerous Journals of the country. We would be pleased at any time to hear from any who have used it.

S. W. B.

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ECLECTIC AND SUMMARY DEPARTMENT.

Salts of Manganese in Chlorosis.—In the "Reportoire de Pharmacie," Dr. Hannon recommends the use of Salts of Manganese in Chlorosis. His words in reference to this subject are as follows:—"Salts of Manganese have hitherto not been tried in practice, though in my opinion they deserve as much attention as Salts of Iron, and I have often met with cases, where Manganese has succeeded in affecting a cure, when Iron had failed. If Iron does not cure the patient, it is very apt to do mischief, because the blood corpuscles become overloaded with Iron, so as to render them unfit to absorb other materials, while the digestive apparatus is often obstructed by the continued use of Iron remedies." In this case Dr. Hannon supposes the blood to be deficient in Manganese, and remarks that by the administration of Salts of Manganese the Chlorosis "disappears as if by magic." This theory Dr. H. further adds, is founded upon the observation of Dr. Miller, that Iron and Manganese are simultaneous constituents of the blood, and both present *abnormally* small proportions in Chlorosis. Dr. Hannon takes the Oxide of Manganese as the base of his preparations, and enumerates the Sulphate, Tartrate, Carbonate, Phosphate and Malate of M., which may be administered in the form of Syrup, Pills or Pastilles. The Malate of the Oxide of Manganese is administered by the author in combination with quinia, viz:

R. Malate of Manganese,
Sulph. Quiniæ, ana. gr. xv.
Syrup. Commun. q. s.
Ut, ft. Pil. No. x.

One pill to be given every morning, noon and night. The Malate of Manganese is obtained by treating Carbonate of Manganese with concentrated malic Acid.—(Translated from the German, for the N. J. Med. Rep. by Ch. F. J. Lehlbach.)

Sulphuric Ether and Chloroform.—Sulphuric Ether in the form of an enema (from ℥ii. to ʒiii. to 10 ounces of water) acts very advantageously in different neuralgic difficulties, without producing Anæsthesia. Its Anodyne effect is produced in 10—15 minutes, and continues for hours, or even days, but becomes less powerful the oftener it is resorted to. A complete cure could of course not be expected from this agent. Injurious results have never been observed to take place after the administration of the remedy.

Professor Pirogoff in Petersburg reports several cases of Cholera where Etherization *per anum* was attended with happy results in the large Hospital at Temer.—Khan-Chaura in the Kankasus. (Zeitsch. fuer d. ges. M.)

Chloroform Ointment is prepared according to the "Journal de Pharmacie," in the following manner:—Mix in a mortar 60 drops of Chloroform with one ounce of lard or Cerat. simp. It may be applied in the form of friction to the painful part 3 or 4 times daily.—The ointment should be excluded from light as much as possible.—(Translated by Ch. F. J. Lehlbach.)

Remarkable Operation for Exostosis of the Orbit.—One of the most remarkable operations performed recently by M. Maisonneuve was that performed the 14th July last for an exostosis of the orbit of the eye. The patient was aged 22, and of robust health. The disease had grown rapidly, and when he presented himself to M. Maisonneuve, the eye was carried almost out of its orbit and turned outwards, while at the internal angle the tumour could be felt, perfectly hard, and free from pain on pressure. The surgeon quickly diagnosed the case as one of exostosis of the internal wall of the orbit.

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The disease had become insupportable to the patient from the constant dull pain and impairment of sight which he experienced, and he desired its removal. The patient, having been submitted to the influence of Chloroform, the surgeon, by a semi-circular incision, cut round all the internal part of the circumference of the orbit, commencing above the eye-brow. The soft parts were then dissected from the bone, so that the periosteum comprised in the flap brought with it the orbicular muscle, as well as the pulley of the orbit. The eye, now entirely out of the orbit, hung on the cheek. This rapid dissection uncovered all the external part of the tumor and a part of the internal face incrusted in the internal wall of the orbit; it filled more than two-thirds of the orbital cavity. Its base showed no contraction, and seemed to continue itself not only with the internal orbital wall, but also with the superior and inferior walls. Its posterior extremity was situated too deep to be circumscribed. Its anterior part only, offered a salient, knobbed surface on which the surgeon could operate. He attempted first to operate on the tumour with the saw *a molette* of Charriere, that of Martin, &c., but the narrowness of the cavity would not permit him to make use of these instruments. He then tried the forceps of Liston, but the tissue of the tumor was so hard and compact, that this instrument, notwithstanding the strongest efforts, made no impression whatever. More than half an hour passed in these fruitless efforts, twice Liston's forceps broke under the combined efforts of the surgeon and two assistants. Another pair of forceps furnished by M. Charriere, who was present at the operation, also broke. Convinced that he could effect nothing by instruments of this kind, the surgeon sent for a cold chisel and mallet. For some time the tumour resisted even these; but finally, after many efforts, a knob the size of a hazlenut was detached, and thrown, by the force with which it was struck, across the room. The result, in appearance trifling, was, however, the circumstance which decided the success of the operation: for, behind this knob the tumour presented a gorge, or groove, at the bottom of which the osseous tissue possessed a less density. The chisel, violently thrust forward by the mallet, penetrated a certain depth, and soon the surgeon found that the tumor had become moveable. This mobility, however, was very indistinct, for an attentive examination was necessary to establish positively its existence. It seemed, now that the tumour was mobile, that the desired end was accomplished; but it was not till after long and laborious efforts, by means of levers of all sorts, by a crow, &c., that at last the osseous mass was disengaged in a whole block. By carrying the finger into the deep excavation left by the removal of the tumor, it was discovered, not without surprise, that the interior of this excavation was perfectly smooth, and lined with a sort of velvety membrane. No apparant communication existed either with the maxiliary sinus or with the nasal passages.

Throughout this difficult operation, and notwithstanding the enormous tumour filled nearly the entire cavity of the orbit, the eye had not been bruised in the slightest degree; the neighboring bones of the tumor had been scrupulously guarded, so that the surgeon did not fear, after replacing the eye, to bring the edges of the wound together with the twisted suture, in order to procure adhesion by the first intention. The operation lasted an hour and a half; the patient several times awakened from the anæsthetic state, and again was plunged into it. Contrary to what was feared, no grave accident followed, neither on the part of the brain, nor from the bottom of the orbit, nor from the eye itself. The eye, replaced in its position, almost immediately resumed its functions; its movements have been perfectly preserved; the wound united by the first intention, and the traumatic fever was scarcely worth mention. The patient, presented to the Academy of Medicine in August, was in such a condition that one would hesitate to say on which eye the operation had been practiced. The cicatrix is imperceptible; the eye, perfectly like the other, presents not the least deviation; it executes all its movements with freedom; the eyelids enjoy their natural mobility, and the lachrymal functions are performed as in the most perfect health. The removed tumour was of a density and a hardness extraordinary: its form recalls that of the ethmoid bone; it is 5 centimetres long (a centimetre is about the third of an inch), 4 centimetres wide, and the same in thickness. It adhered to the os frontis by its superior border, over an extent of two centimetres.—*N. Y. Medical Times.*

Styptic Balsam. By JAMES WARREN, M. D.—Mr. Editor,—With a view to a more extensive publicity to the above named remedy than I have been able to give by private means, I avail myself of your journal for that purpose.

It is nearly thirty years since I commenced the use of this balsam as a styptic, in the various forms of hemorrhage which are within the domain of medical pathology, and with uniform success.

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I am satisfied that no remedy now known exerts a more specific power and more speedy relief, especially in haemoptysis, haematemesis, epistaxis and menorrhagia.

It acts both by its sedative power, in diminishing the force of the circulation, and by its astringent qualities, in contact with the bleeding vessels. In the treatment of hemorrhage, neither blood-letting, confinement to the room, suppression of the voice, relaxation from business, nor other precautions are necessary; nor is any auxiliary treatment required, except, perhaps, a dose of Epsom salts, where there is evidence that blood has been swallowed.

Ordinary exercise in the open air is decidedly preferable to inaction, and wherever there are premonitory symptoms of a return of hemorrhage, it has always exerted a prophylactic power when promptly used; and by this early resort to the remedy, many radical cures have been effected.

The following is the formula and the method of using it.

R Acid. Sulphuric, (by weight,) ʒv.
Ol. Terebinth. } f ʒij.
Spts. Vin. Rect. aa }

Place the acid in a Wedgewood mortar, and add the turpentine slowly, stirring it constantly with the pestle; then add the alcohol in the same manner, and continue stirring it until no more fumes arise, when it may be bottled, and should be stopped with a ground stopper.

It should be prepared from the purest materials, and when done, it should exhibit a dark but clear red color, like dark blood; but if it be a pale, dirty red, it will be unfit for use. The dose is 40 drops, and the method of using it as follows:

Put a teaspoonful of brown sugar in a common sized tea-cup, and rub in 40 drops of the balsam until it is thoroughly incorporated, and then slowly stir in water until the cup is nearly full, when it should be immediately swallowed.

This dose may be repeated at intervals of an hour, until three or four doses are taken, if necessary; and its use should be discontinued when fresh blood ceases to flow. After standing a few days, a pellicle forms upon the surface of the balsam, which should be broken, and the liquid below it used. It does not deteriorate by age, if tightly stopped.—*N. Y. Medical Times.*

Soothing Liniment.—Prof. GARVIN: My dear sir—I beg leave to present you, for examination and trial, a small specimen of a saponaceous compound which, on account of its very prompt and soothing qualities, I have honored with the name of *Lethean Liniment.*

It is made by digesting a bar of fresh turpentine soap and four ounces of gum camphor in a gallon of good alcohol for two weeks in the heat of the sun. It is then bottled up while hot, and one drachm of chloroform added to every four ounces, set in a cool place, and shaken occasionally while coagulating.

The turpentine affords the best means, in my opinion, of applying chloroform to the skin, because, by its adhesiveness it holds that volatile fluid longer and more firmly in contact with the surface than any other substance could do.

My mode of applying it, is to coat the part well with the liniment and cover it immediately with a piece of good paper, which adheres firmly and produces a gentle burning, tingling sensation, which, in neuralgia, rheumatism, irritability of the stomach, cramp cholic, &c., is perfectly delightful.

Did I think more of money than of honor and humanity, I might possibly make this compound avail me something. But since I do not wish to become a competitor with all the host of pain-killers and extractors and eradicators in the country, you may, if you think it worthy of a trial by our noble profession, hand it over to Prof. Dugas for publication in the Southern Med. and Surg. Journal.

Very respectfully. TILMAN DOUGLASS, M.D.

Treatment of Gleet.— The "Rep. de Pharmacie" recommends the following prescripiton as being very successful in gleets of long standing:—R. Pulv. secale cornut. jʒ.; Ferri sulphatis, gr. j.; camphoræ, vanillæ. aa gr. ss. M. et divid. in chart. no. xx. one to be taken morning and evening.—*Boston Med. Journal.*

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THE

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On Spasm of the Stomach. By William Johnson, M. D.

Disease may go on, even to the disorganization of vital strictures, without producing a moiety of suffering, compared with some of the spasmodic affections of the stomach. I allude particularly to cramp of that organ. Human endurance could bear up only for a brief period, under the excruciating torture of this affection. I speak from personal and painful experience on this point, having been myself a frequent sufferer from youth to old age. In its milder attacks, cramp of the stomach is almost insupportable, but in its gravest seizure, I can compare it to nothing but having the stomach screwed up in a vice, to the utmost point of human endurance.

Several causes acting separately, develope cramp of the stomach, viz: The presence of indigestible substances in the stomach; too great repletion of the organ; the translation of gout and rheumatism to it; the too rapid abstraction of caloric from it, in consequence of the ingestion of large draughts of cold drink, whilst the body is overheated; and lastly the excessive generation of flatus within the stomach.

The foregoing are the most prominent of the remote causes of cramp of the stomach; other causes are enumerated by systematic writers, but they are of such infrequent occurrence, that I will pass them by for the present. Cramp of the stomach ought never to be mistaken for Gastritis; there is but one circumstance that can mislead, and that is the excessive tenderness of the organ. In my own case, the slightest pressure over the stomach was painful. But then when we look at the suddenness of the attack, and the rapidity with which the affection attains its climax, and take into consideration the extremely rare occurrence of idiopathic gastritis, we can scarcely commit an error in the diagnosis. So rare indeed is idiopathic gastritis, that Dr. Watson, in his very extensive practice, never saw a case of it. I myself have never seen a case

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of it. The great infrequency of idiopathic gastritis is more fully evidenced by the testimony of Louis, who in six years of his attendance at the Hospital La Charité, out of 6,000 cases and 500 dissections, did not find a single case of this disease.

Dependent on such a variety of causes, the treatment of cramp of the stomach must necessarily be variant. Where indigestible substances or excessive repletion have induced spasm of the stomach, the very obvious indication is the exhibition of an emetic. I have given the preference to ipecacuanha, or to the sulphate of zinc; they both act promptly and efficiently, particularly the last. I have sometimes been astonished at the relief afforded by the exhibition of the white vitriol. Two cases in particular of cramp of the stomach, came up in vivid reminiscence before me. They were both females—the first quite young. Her sufferings were exceedingly great. My inquiries elicited the fact, that in consequence of missing her dinner, her evening meal had been very heavy. I gave her immediately an emetic of the white vitriol—about a scruple, and the quantity of food ejected was so unreasonably large, as to extort from me something more than a smile. The relief was immediate—she needed nothing more. The other case was a woman of about fifty-five years of age. I heard her screams, before I entered her door-yard. Her pain was excruciating, and extorted the most doleful lamentations. My inquiries soon satisfied me, that her stomach was oppressed by its ingesta. She had been eating freely of mince pie, and had completed her meal with the addition of several apples. The emetic gave her prompt and complete relief.

I have selected these cases from a great number of similar ones. Both these patients might possibly have been relieved by anti-spasmodics and opiates, but it would have required more time, and a very large exhibition of these articles to have produced the desired effect. The emetic gave immediate relief. I do not say that it is necessary to resort to it in every case, where the patient has been guilty of imprudence in respect either to the quantity, or quality of the food taken into his stomach: his sufferings may not be so very great—the substance taken into his stomach not so indigestible, and the quantity not so inordinate, but that moderate stimulation of the organ may be sufficient for the relief of the patient. The point that I would insist upon is, that in very many of these cases, the emetic affords the most prompt relief, and is the only trust-worthy remedy. After the operation of the emetic, a large sinapism over the epigastrium completes the cure. This last remedy, I consider as a *sine qua non*, in all the cases which I have noticed, in my

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enumeration of the causes of cramp of the stomach. It should be large, and I prefer to have it applied as warm as can be borne.

Where cramp of the stomach has been produced by large draughts of cold drink, whilst the body has been overheated, the very obvious indication is to restore the suddenly abstracted caloric, by large draughts of warm drink—particularly table tea as being most grateful, and less likely to produce nausea. Opium and stimulation should not be neglected, and a large sinapism applied to the epigastrium, but it is in the free exhibition of chloroform that I would confide.

Chloroform in its *internal exhibition*, I consider as *one* of the most important revelations which Science has made to suffering humanity; it stands forth pre-eminent for its anti-spasmodic powers. A considerable experience in its use enables me to speak confidently of its value. It is, however, in cramp of the stomach particularly, that I would call attention to its great value as a remedial agent. In all the remaining forms of this affection, it is the remedy in which I have the most confidence. In cramp of the stomach from retrocedent gout and rheumatism, whilst I would employ this article, I would also resort to obvious auxiliary remedies, such as inviting the return of the disease to forsaken parts by sinapisms and warmth, but I pass by their consideration for the present.

I have stated at the commencement of this article, my own liability to spasm of the stomach. My first attack, occurred whilst I was a student of medicine. It took place in the night, and not being willing to call up my preceptor, I took two grains of solid opium, which I had a few days before procured from the poppy. It removed the spasm of my stomach. The two next attacks which I had, were in the first year after I commenced practice; they were both of unusual severity. I took each time, somewhere about 180 or 200 drops of laudanum, before I obtained relief. The medicine was not *dropped*, but *poured* out into a spoon; I think, however, that I can safely say it was this quantity. Perhaps this quantity of laudanum was unnecessarily large, but I was distracted with pain, and was prescribing for myself. When I got easy, I was alarmed at the large doses of the anodyne which I had taken. I did not, however, sleep more than four or five hours after, but although a very young man at the time, I was so completely prostrated from the effects of the pain and the laudanum, as to be confined to my bed the following day. I began to think that opium was not exactly adapted to my case, and I found in the saturated alcoholic tincture of camphor, an article which gave me more prompt relief. Twenty or thirty drops of camphor produced better results than double the quantity of laudanum.

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Several years passed by before I had another grave attack of cramp of the stomach. The lighter attacks, (and they were almost insupportable) yielded readily to the tincture of camphor. Three years since, I had an attack of unusual severity, in which the camphor did not bring its usual relief. I had labored a number of days under diarrhœa, and had taken early in the morning two grains plumbi acetas, with half a grain of pulverized opium. My stomach was empty when it was seized with spasm. I resorted immediately to the camphor, but my pains increased in violence —they were agonizing. I started to go up stairs to my bed-chamber, but when I arrived at the foot of the stairs, I found my strength failing so rapidly, that I was obliged to lay down upon the carpet. I thought myself to be dying. My fingers applied to my wrist, informed me that the pulse was extinct. I was in a state of approaching syncope, although I possessed perfect consciousness. I requested 30 drops of chloroform to be given me. I did not wait to have it diluted with water, but took it immediately as it was dropped into the spoon. The relief was almost instantaneous. As soon as the chloroform entered my stomach, pain began to abate, and in a few minutes was gone. I still had a large sinapism applied to my stomach. I now had somewhat to regret not having had the chloroform diluted, it had terribly burned my mouth, but perhaps its efficacy might have been increased by the omission. The duration of this attack was about thirty minutes; its invasion was sudden and violent, and the pain went on with steady increment to its acme. And now, had not the mercy of God interposed, such intensity of suffering had in a few minutes more terminated my life. Let me here erect an Ebenezer, and inscribe thereon my grateful acknowledgments to Almighty Goodness.

I had not another visitation of this affection, until a few days since. I again had diarrhœa, and took half a grain of powdered opium upon going to bed at night. In about an hour, the cramp in my stomach came on. I took 30 drops of camphor, but without relief. The chloroform was now taken, and a sinapism applied—the relief was prompt, but by no means so much so, as from the chloroform three years before.

It may have been a mere coincidence, but it is certainly a curious circumstance, that immediately before these two last attacks of cramp in the stomach, I had taken each time half a grain of opium for the suppression of diarrhœa—the first time combined with plumbi acetas, and the second time alone. The first time I was somewhat disposed to lay blame to the plumbi acetas, although I had never witnessed such a result from its use, but the second time the opium was used alone. Now

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did the opium and the spasm stand in the relation of cause and effect? Such a supposition is contrary to all therapeutic teaching. Yet the rapidity with which the cramp followed upon the opium, excites in my mind a suspicion that the opium had somehow an agency in the production of the spasm. I do not wish to speculate much upon this subject, but is it not possible, that I may have *acquired* an idiosyncracy to opium? It is an article which I had not taken for thirty-five years before. We know that there are some curious idiosyncracies with respect to opium, and although somewhat of a digression, I shall relate one, for the practical lesson which it teaches. About 35 years since, I attended a lady with psoas abscess. She was under my care near one year. I opened the abscess with a lancet, and introduced a long waxed tent, which closed up the outlet made for the pus, and which was daily removed for its exit. The tent was used for nine months. She completely recovered. It became frequently necessary during my attendance, to administer anodynes for the relief of pain. Forty or fifty drops of laudanum would always remove her pain, but it left her restless, nervous, *vigilant.* She needed an anodyne, and *ten* drops of laudanum did for her, what fifty drops would not do. Ten drops of laudanum relieved her pain, calmed all inquietude, removed her vigilance, and kept her easy for twenty-four hours at a time. She ever afterwards took laudanum in this dose. The fact is worthy of record, and gives some plausibility to the opinion advanced.

I have dwelt so long upon the circumstances of my own case, as to preclude me from introducing any additional cases of cramp of the stomach. Suffice it to state, that the same night in which I had my last attack, my next door neighbor had a severe attack of the same affection, arising from translation of sciatic rheumatism. The enemy was dislodged from its new location, by chloroform administered by my son.

The doses in which I have administered the chloroform, have not been large. I have found from twenty-five to fifty, or sixty drops amply sufficient, and have in no instance given more than eighty drops. In this instance it proved abortive. The patient's eyes were of an icteritous tinge, and he complained of great nausea; he was of a bilious habit. I now gave him a full dose of ipecacuanha, which operated well and removed completely the pain in his stomach. The spasm of his stomach was severe. This I believe, was the only instance in which I have been disappointed in the use of chloroform.

In that form of spasm of the stomach in which there is extrication of immense quantities of flatus, in addition to the chloroform, I have found

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the carminitives of great benefit. A strong tea of fennel, anise, coriander, &c., has an excellent effect. In the internal administration of the chloroform, it is important to agitate the vessel in which it has been mixed with water, as it is so heavy that it immediately falls to the bottom of the vessel. If time would admit for a solution of gum arabic to be prepared, or infusion of slippery elm to be made, they would be the preferable vehicles for the chloroform, as it would be held in suspension by them.

The question may here be asked.—Would not the inhalation of chloroform, as being more prompt in its action, be preferable to the administration of the article by the mouth? I unhesitatingly answer, no. I should for my part consider it unsound practice, to administer this most potent of the anæsthesia, and one so little under our control, in this manner to a patient whose great nervous centres had received so severe a shock, as results from cramp of the stomach. In my opinion, there would be great danger from the powerful sedation of the chloroform in those cases in which the lamp of life was burning with flickering light.

WHITE HOUSE, *September*, 1854.

Hydrangea Arborescens. By WASHINGTON L. ATLEE.

[CONTINUED FROM P. 404.]

CASE XI.—*Mr. E. G., æt. about 25 years; renal and vesical calculus; Hydrangea Arborescens prescribed, and the calculus thrown off.*

August 19th, 1854, my excellent friend Dr. D. Hersley, S. W. 5th and Wager Streets, Philadelphia, brought to my office, Mr. E. G., who had been under his care for some time with symptoms of stone. I passed a sound into the bladder and very soon detected a small calculus, which could be clinked so as to be heard some distance. I requested Dr. Hersley to place the patient immediately under the influence of the Hydrangea Arborescens, and at the same time to commence a course of dilatation of the urethra with the flexible metallic bougie. I had two objects in view in recommending dilatation:—one to aid the escape of the calculus should the detruding influence of the medicine bring it into the passage, and the other to enable us to use the crushing instrument with facility, should the Hydrangea fail to relieve the patient.

About ten days after the consultation, I received a note from Dr. H., stating that Mr. G. had expelled a stone the size of an ordinary marble, on the 26th instant, while in the act of urinating, but that it unavoid-

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ably dropped down the privy. I immediately called upon the Doctor, and requested him to draw up a history of the case for publication. This he has kindly done, and in the following words:—

WASHINGTON L. ATLEE, M. D.—

DEAR SIR:—In compliance with your request, I respectfully furnish you with the history of Mr. Edwin Green's case.

"By reference to my notes, I find that I have attended him at ten different times, when he was laboring under attacks of gravel passing from the right kidney to the bladder.

"The first attack he had was by far the most severe, on the 12th of July, 1852. The subsequent attacks were respectively as follows, viz:—The second, on the 27th of July; the third, on the 25th of August; the fourth, on the 18th of September; the fifth, on the 30th of September, 1852; the sixth, on the 15th of May; the seventh, on the 23d of June, 1853; the eighth, on the 28th of March; the ninth, on the 22d of May; and the tenth and last attack of the kind, was on the 16th of June last.

"He passed gravel only after the first attack, and then only a small quantity, which he had collected, but unfortunately lost it before he could show it to me. He informed me, however, that it was quite soft, with a sharp, sandy grit, and was easily broken up between the thumb and finger. During the subsequent attacks there was not even a tinge of blood in the urine.

"The last attack he had, (the 16th of June,) he could distinctly feel the progress the stone made along the ureter. It was about five hours and a half in passing from the kidney to the bladder. In a few days he began to feel slight lancinating pains dart through the glans penis, and still later, a partial, and occasionally, an entire obstruction to the free passage of the urine; and by the time you saw him, on the 19th instant, he micturated with great difficulty.

"About the beginning of August I sounded him, but could not detect the stone, but from the symptoms present, I was satisfied that there was a stone in his bladder, and, consequently, persuaded him to let you see him.

"The Syr: Hydrang: Arbor: was given according to your recommendations, (a tea-spoonful three times a day,) and the metallic bougie used once and twice a day, (which operation he performed himself after the first introducing,) for eight days. On Saturday morning of last week, I used the bougie myself, whilst his bladder was distended, and in about an hour he passed urine and stone together, which unfortu-

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nately dropped down the privy hole before he could regain his senses, which he for a moment lost, on account of the extreme pain he experienced during its entrance into and passage through the urethra. He saw it falling, and says it was about as large as an ordinary sized marble.

"There is no doubt in my mind that the syrup had something to do in the expulsion of this stone, from the fact that after he had taken it several days, to use his own expression, 'it felt as though the neck of the bladder was all the while trying to grasp it'—a feeling entirely different from what he felt previously to taking the medicine.

"There are no symptoms of there being any other present. He feels entirely relieved, 'as free as a bird, and as light as a feather.'

Very respectfully yours, &c.,

D. HERSLEY."

PHILADELPHIA, *August* 30, 1854.

On the Topical Application of Nitrate of Silver, by means of the Probang in Membranous Croup.

BY ZACHARIAH READ, M. D.

DR. BUTLER—

DEAR SIR:—As the NEW JERSEY MEDICAL REPORTER, has become under your judicious management, so good a channel of communication with the profession generally, I am induced to relate the following striking case, which to my mind clearly demonstrates, not only the feasibility, but utility of the probang in cases of Croup, particularly that variety denominated Inflammatory or Membranous Croup. The subject was a little boy, about two and a half years of age. The disease had been established for at least twelve hours before I saw him, and the mother had puked him freely, with Hive Syrup, but without relief: emetics and other means were again employed, without any good effect. Death from suffocation now seemed inevitable. I proposed tracheotomy, but this was objected to by the parents, choosing rather to let him die. In the morning, to my surprise he was still living, but evidently in articula mortis. As a dernier resort, I introduced low down into the trachea a probang or swab, well charged with a strong solution of Nit. Silver, (xv. grs. to ℥j.,) this was followed immediately by an ejection of tough yellow mucus or phlegm, to the manifest relief of the breathing; in a few minutes consciousness was restored, and a second use of the instrument, relieved entirely every urgent symptom. The child slept well for several hours, and on my next visit was entirely well—and the

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most lively of a group of six children. I am desirous this case should be reported, as the profession is at this time in doubt, as to the propriety of using this agent, in the manner I have described. I myself had serious doubts upon the subject, but the success in this case, has entirely dissipated them. It has been my lot, to witness many cases, in which this disease has proved fatal, and I have lamented the inutility of all known treatment. But if the above may be taken as an earnest of future success, the disease is robbed of its terrors, and we must hail it as a curative agent, at once simple, effectual and immediate, and a safe method under Providence, of rescuing thousands from an early grave. The solution of nitrate of silver may not be absolutely necessary, but I suppose may assist in the cure, by overcoming inflammation, (if it exists in the tube,) and decomposing or overcoming the tenacity of the remaining phlegm, and allow it to be more readily expectorated.

MOUNT HOLLY, *September*, 1854.

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2. *An Examination of the Practice of Bloodletting in Mental Disorders.* By PLINY EARLE, M. D., &c., &c. New York: Sam'l. S. & Wm. Wood, 261 Pearl street. 1854. pp. 126.

3. TRAINING AND TEACHING IDIOTS. By S. G. HOWE, M. D. Massachusetts Senate Document. pp. 72, Boston, 1850.

4. *Third and final Report on the experimental school for teaching and training* IDIOTIC CHILDREN; *also the First Report of the Trustees of the Massachusetts School for Idiotic and feeble minded youth.* By the same. Cambridge: Reprinted from House Document No. 57. 1852. pp. 38.

5. ESSAYS ON ASYLUMS FOR PERSONS OF UNSOUND MIND. Second Series. By JOHN M. GALT, M. D., Superintendent and Physician of the Eastern Lunatic Asylum, of Virginia, at Williamsburgh. pp. 44. Richmond: Ritchies and Dunnavant, 1853.

By the census of 1850, the insane and idiotic inhabitants of the United States numbered 31,474, or one in 739 of the whole population, and according to the census of 1840 there were 17,434, or one in 979 of the whole. This unfortunate class of our fellow beings therefore form a large, and by a comparison of the two censuses, it will be seen, an increasing, proportion of the population of our country. It is true that the christian charity and benevolence of the age has provided asylums and retreats where many of them are cared for, and often restored to reason and their friends. But as these accommodations are inadequate to meet all the cases of mental alienation that exist, and for other reasons, instances occur in most communities where mental disorders must be treated by the general practitioner. Besides, the general practitioner is in almost every instance, called on to treat these affections at a most critical time—in their incipient stages. Hence the importance that the physician be prepared to treat them *properly*, as often, *everything* in the treatment at the asylum depends on the course pursued in the early stages of the disorder.

Yet we fear too many physicians are sadly deficient in regard to the pathology and therapeutics of Insanity, and that as a result, many a curable case of melancholia or other simple form of the complaint ends in confirmed mania—many a bright intellect which, though it flickers in its socket, is yet possessed of sufficient vitality for the ordinary demands

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of life, is extinguished by a puff, when a more gentle course might have fanned it once more into a flame. We believe the reports of most Lunatic Asylums afford sufficient evidence of this, for their conductors often complain of the errors in the practice of those from whose hands their patients are received.

Among those, in this country, who have devoted themselves to the study of insanity, the name of Dr. Earle stands prominent.

We confess to have taken up his work on the German Asylums, with no little misgiving as to the quantum of pleasure a perusal of it would afford. But we soon found ourselves not only interested, but highly delighted with the work. Dr. E. is an elegant writer, and he has given us in this little work the result of his observations while visiting the institutions of the insane in Germany. To those particularly interested in such institutions, the work is invaluable.

We cannot forbear a brief notice of a few points well worthy of general observation. We take them up in the order in which they occur.

Dr. Earle deplores the neglect of instructing medical students in mental disorders, in the schools of this country. He says:—

"It is safe, perhaps, to assert that not one in ten of the graduates of those Schools has ever read a treatise upon mental disorders. They issue from them with a *carte blanche*, authorizing them to treat all diseases with which the human race is afflicted. They are called to a case of mania, and with their general ideas of inflammation and excitement, however indistinct or undirected by sound judgment these may be, plunge the lancet into a vein and rest satisfied with the idea that they have practiced *secundum artem*, and consequently done precisely the thing that was necessary."

In Germany it is universally admitted that the government of institutions for the insane should be absolute—entirely in the hands of the Superintendent, who should be a medical man, and whose opinion should be law, so long as he is at the head of the institution.

The common practice of seducing patients to an asylum, by stratagem, or by falsehood, is pointedly condemned in the German institutions. Dr. Roller says:—

"In the greatest number of cases, the patient should be informed of the object of his journey and the place of his destination. People believe that the insane can be brought by stratagem alone, never thinking that more injury is done in this way than by the application of force. It is left to the physician of the institution to undeceive the patients, and thus in losing his confidence the radical element of successful treatment, is often, for a long time, also lost. Besides, the relatives bring upon themselves the unextinguishable hatred of the patients, for these will forgive anything else sooner than disappointment and deception."

Dr. Aug. Focké informed Dr. E., that "the miasm of the country around Siegburg produces much intermittent fever. It causes *some* cases of insanity, but cures *many*."

Dr. Martini, Superintendant of the Institution at Leubus, states that in the course of about three years, he had received ten patients whose insanity was caused by Hydropathic treatment. Of these, "but one was cured, one was discharged, incurable, and eight died. Their disease had the characteristics of paralytic imbecility, and, from the necrological investigations, it was shewn that there was unusually 'extensive and intensive' softening of the brain and the spinal cord."

The *Narrenthurm* "a stern round tower of other days," was opened as

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an insane asylum in 1784, and is, according to Dr. Viszanik, its present principal physician, "the first Institution in Europe which from its foundation, was intended exclusively for the treatment of the insane."

We would here remark, that a large proportion of the Institutions for the insane in the Germanic States, are relics of the middle ages, having been erected centuries ago as convents or nunneries, or the strong hold of some mighty feudal lord of those days. Little did the Teutonic knights, and religionists, of that period, think that they were serving posterity in the precise direction in which their herculean labors have been appropriated!

In most of the Institutions visited by Dr. Earle, the psycho or psycho-somatic view of insanity seems to have been taken by the conductors, hence much attention was paid by them to the *moral* treatment of their patients. A part of the treatment consisted in regular manual and intellectual occupation. Nor is religious culture by any means overlooked in the best Institutions.

Says Dr. Zeller, of the Institution at Winenthal, Wurtemburg:—

"In many instances insanity arises from the loss of some real or imaginary good, as property, honour, love, friendship, innocence, a quiet conscience; or from the fear of losing it; or perhaps from the despair of its acquisition; or from the doubt of assistance in the event of misfortune. This ground-tone of most mental maladies, this anxious condition of the mind, with the uncomfortable, painful bodily susceptibility, leads to a general moral depression and a clouding of the spiritual clearness, and is then re-echoed in all the blissful intoxication of insanity. The soul, in its innate tendency to be happy, oversprings its true, eternal felicity into the delusion of unending happiness. If, then, we would effect a radical cure, not only, as a general rule, must all the bodily disease which accompanies or is a condition of the mental disturbance, be removed, but this painful internal discordance must be destroyed. Some inalienable good must be substituted for that which has been lost. Assistance must be rendered to these unfortunate beings, and nothing can render more than religion.

"Even the outward circumstances, the act of assembling, the quietude, the order and especially the singing must have a favorable effect upon many patients. Hitherto, not one of our religious gatherings has been disturbed; nay, the quiet and composure of most of the patients exceeds that of the many religious assemblies of the sane. No patient is any way compelled to attend the services, and yet more than two-thirds of them are generally present."

We would gladly give a further insight into the mode of conducting these Institutions, did space permit, but must be content with advising our readers to procure the work, which will well repay an attentive perusal.

"To *bleed* or not to *bleed*" in insanity, is the question discussed by our author in the second treatise mentioned at the head of this article. Dr. Earle in treating this subject, quotes a large number of authors, American, British, and Continental, both for and against bleeding. His plan and argument is best illustrated by the following quotations from the two Pinel's, on the one side, and from Spurzheim on the other, with Dr. Earle's own conclusions on the subject.

"The blood of maniacs is sometimes so lavishly spilled, and with so little discernment (discrimination,) as to *render it doubtful whether the patient or his physician has the best claim to the appellation of madman.* At the same time, I do not wish to be understood as altogether proscribing the use of the lancet in this formidable disorder; my intention is solely to deprecate its abuse.

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Insanity consequent upon the suppression of periodical or habitual discharges of blood will doubtless frequently yield to an artificial evacuation of the same fluid, procured either by venesection or topically by leeches and cupping. A paroxysm of mania is sometimes preceded by symptoms of its approaches which cannot be mistaken; such as heightened complexion, wildness and prominence of the eyes, exuberant loquacity. In such cases the experience of hospitals authorises the free use of the lancet. It is a well established fact, that paroxysms of madness thus anticipated, are in many instances prevented by a copious bleeding. On the other hand, I feel it my duty *to abstain from this practice after the explosion of a paroxysm* of irregular periodical insanity. * * * * * * * *

It frequently happens that bleeding, practised as it is, without rule or bounds, is found to exasperate the complaint, and cause periodical and curable mania to degenerate into dementia or idiotism. In melancholia, whether simple or complicated with hypochondriasis, bleeding is still less to be recommended."—*Ph. Pinel, formerly Physician to Salpetriere and Bicetre, p.* 251, *of* "*A Treatise on Insanity*," *translated by D. D. Davis, M. D.*

"One would think that in diminishing the mass of the blood, the congestion and the explosions of delirium would soon be subdued, and that in repeating the sanguine evacuations, many times, the insane person would be calmed and cured. This reasoning, which for a long time kept bleeding in mania in vogue, is in direct opposition to the results of an impartial observation. It is now acknowledged that, in the period of maniacal excitement, bloodletting augments the fury, increases the delirium, and afterwards renders convalescence difficult, and often impossible. This is a fact, to the truth of which we have been forced by large experience; and its physiological explanation ought singularly to modify the opinions still prevalent in the schools, in regard to the nature of inflammation and irritation. This result appears to demonstrate that, in all sanguine congestions, it is not the blood alone, or, at least, its coloring matter, which furnishes the active element of irritation in the brain, as in other organs, but that it is in the serous portion that there is a peculiar decomposition which constitutes the true cause of irritation.

"Bosquillon, physician to the Hotel Dieu, was a fanatic partizan of bleeding. All his treatment consisted in bloodletting, so copious and repeated, that they were not stopped until the patient was *exsanguinated*. This method became so fixed and dominant an idea with him that his want of success, far from enlightening him, only forced him more obstinately into his fatal practice, all the evils of which, according to him, were owing to the patients, or the nurses.

"Venesection is now a rare occurence, at Salpetriere, and is prescribed only to indications which are accidental and do not belong to insanity."—*Scipion Pinel, pp.* 94–96 *of* "*Traite Complete du Regime Sanitaire des Alienes, Paris.*" 1836.

"The functions of the brain may be deranged by too great a stimulus. I shall call that state of the brain hypersthenic; if, however, any nosologist prefer the term *inflammatory*, I shall never dispute about names. * * * * The inflammatory state of the brain is often without pain, and practitioners are then led into error, forget that the brain is not sensible, and differs, in this respect, from the nerves of the body. * * * Another common error is, to think that violent delirium and fury are the only signs of the inflammatory state of the brain. Inflammation may exist without such symptoms, and both symptoms may exist without an inflammatory state of the brain * * * * * Numerous dissections have convinced me that inflammation of the brain is by no means infrequent. * * * The treatment of the hypersthenic state of the brain, whatever the symptoms of insanity may be, is the same, and may be termed lowering. Bleeding is the genuine remedy; opening the temporal artery, cupping at the temples, behind the ears, or on the neck, leeches to those parts, venesection at the arm—shaving the head, &c., &c., * * * in short, the whole antiphlogistic treatment.

"Another state of the brain, accompanied with its deranged functions, is the result of debility. I call it asthenic * * To this state particularly is applicable the opinion of Pinel, that "bleeding, without rule or bounds, often exasperates insanity, &c." Indeed, the lancet, has been frequently applied to insane people merely for the purpose of rendering them less noisy. I, however, do not wish to be understood as proscribing altogether the use of the lancet, even in this state of the brain; but it will be seldom necessary.

"A third state of the brain, in insanity from idiopathic causes, may be called *nervous.*

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It has many symptoms common with the second, but it is more dangerous. It exists in very irritable, delicate, and so called nervous temperaments. * * * The treatment of this state is not bleeding, purging or vomiting, but antispasmodics and tonics." *J. G. Spurzheim, M. D., pp.* 286 *et seq of* "*Observations on the Deranged Manifestations of the Mind, or Insanity.*" *London*, 1817.

A reply to the proposition at the commencement may now be attempted. It is evident, however, from the very nature of the case, that no positive, definite answer, couched in terms as fixed as the figures representing numbers, can be given. It must be merely approximative. I shall endeavor to convey it in a series of facts, truths or inferences, which I hope are fairly deduced from the substance of the foregoing pages.

1. Insanity, in any form, is not, of itself an indication for bloodletting.

2. On the contrary, its existence is of itself a contra-indication. Hence, the person who is insane should, other things being equal, be bled less than one who is not insane.

3. The *usual* condition of the brain, in mania, is not that of active inflammation, but of a species of excitement, irritability, or irritation, perhaps more frequently resulting from or accompanied by anæmia, debility, or abnormal preponderance of the nervous over the circulatory functions, than in connexion with plethora and enduring vital power.

4. The excitement, both mental and physical, produced by this irritation, can, in most cases, be permanently subdued, and its radical source removed by other means, more readily than by bleeding.

5. Yet insanity may be coexistent with conditions,—such as positive plethora, a tendency to apoplexy or paralysis, and sometimes sthenic congestion or inflammation, which call for the abstraction of blood. Therefore,

6. Venesection in mental disorders should not be absolutely abandoned, although the cases requiring it are very rare.

7. As a general rule, *topical* is preferable to *general* bleeding.

8. In many cases where the indication for direct depletion is not urgent, but where bloodletting, particularly if local, might be practiced without injury, it is safer and better to treat by other means, equalizing the circulation and promoting the secretions and excretions.

9. The physical conditions requiring bloodletting more frequently exist in mania than in any other of the ordinary forms of mental alienation.

10. Insanity following parturition, other things being equal, is to be treated by bleeding less frequently than that which has its origin in other causes.

11. If the mental disorder be the direct result of injury to the head, the treatment must be directed to the wound, or its physical effects, not specially to the psychic condition.

12. In many cases where insanity is accompanied by typhous symptoms, and in some where the aspect is that of acute phrenitis, active stimulants alone can save the patient, and direct depletion from the circulation is almost certainly fatal.

The two reports of Dr. Howe to the Legislature of Massachusetts on *Training and Teaching Idiots* next claim our attention. To Massachusetts must be accorded the credit of doing perhaps more than any other State of the Union for the education of her children. Most liberally has she supported her schools and colleges, but, as if having exhausted her efforts in that direction, she has turned her attention to the blind, the halt, and maimed in mind, as well as in body. As early as 1846 the initiatory steps were taken toward a systematic effort to do something for idiotic persons, a class of human beings, who were rejected from the asylums for the insane, as not properly coming within their scope, and who were, in consequence thrown into the alms-houses to be the butt and ridicule of their inmates, and where it was impossible to give them proper attention; or they were still more improperly left to the cruel tender mercies of parents and guardians whose improper treatment may

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have been the cause of their idiocy, and the continuance of which was driving them into confirmed dementia.

It is a noticeable fact that the effort to benefit this class of our fellow beings originated as most efforts to ameliorate the condition of mankind do, with physicians. In Massachusetts, Dr. Howe, and in New York Dr. Backus, were the movers in efforts which, originating about the same time, both resulted in the establishment in each of those States of permanent institutions for the teaching and training of idiots.

In the reports before us, Dr. Howe clearly demonstrates the fact that idiots are not beyond the reach of properly directed efforts to render them capable of doing something to establish their claim to a position in the scale of rational beings. What has been done in other states may be done in this, and we hope soon to see the day when New Jersey will have an institution for training this unfortunate class of her citizens.

Among the causes of idiocy, intemperance and intermarriage of relatives, hold a prominent place. There are others, but we have not space to enumerate them, or to say anything in detail, of the very judicious course of instruction pursued by Dr. Howe and his able assistants, in their experimental school.

We have read these reports with an interest we did not suppose they possessed, and would be glad to keep up a communication with their author.

Dr. Galt, Superintendent of the Eastern Lunatic Asylum of Virginia, is well known by his indefatigable labors in the field of "psychiatrie." He is the author of several papers of value to those interested in the treatment of the insane, is an earnest advocate of the *moral* treatment of insanity, would treat them not as brutes, but as human beings, and afford them opportunities for reading, recreation and amusements adapted to their tastes and capacities.

S. W. B.

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EDITORIAL.

NEW YORK, AND HER MEDICAL SCHOOLS.

The announcements of the Medical Schools of New York city, as being armed and equipped for the campaign of the coming winter, have been made, and none of them appear to present any less force and attraction than heretofore, while a generous strife exists among them for presentation to the medical student, of the strongest possible inducements.

The first to be noticed, is the "Old Line" *College of Physicians and Surgeons, of the University of the State of New York.*

Although the latter half of this title is more of a *myth* than a reality, the former half possesses the most decidedly solid and substantial existence. No stronger set of names is announced for any medical school than this. Some change in the relations of the professors being made necessary by the regretted illness of Prof. Bartlett, the addition of Dr. Dalton to the Faculty, as Prof. of Physiology, will add to the strength and attractions of the Institution, while the transfer of Prof. Smith to the chair of Materia Medica, and of Prof. Clark, to that of Practice of Physic and Pathology, (a temporary change we presume,) will give variety to the usual routine, agreeable, we doubt not, to both lecturers and hearers. In all its appointments, this venerable School more than maintains its pristine vigor.

Next in chronological order, comes the *Medical Department of the University of the City of New York,* situated in 14th street, near the 3d Avenue.

Although both mother and child, in this case, possess a real existence, their *relationship* appears somewhat mythical; the "young one" being rather an adoption, than a real, legitimate descendant. It is, however, none the less vigorous, and alive to its duties. Its means of instruction are equal to any of its confréres, and most of its Professors are active and energetic men, disposed to put forth all their strength, and not satisfied to rest upon a past reputation to *draw with.* The addition of Professor J. A. Swett to the chair of the Institutes and Practice of medicine, was a happy exercise of judgment; there is no man

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more popular in his profession in New York, and none more conscientious and capable as a teacher.*

We notice the following interesting piece of intelligence in the circular of this school. "*In consequence of the recent legalization of anatomy, subjects will be furnished to students free of charge.*" The legalization of anatomy was enacted by the State Legislature last winter, and of course applies to all the schools in the state, though neither of the others, as far as we have observed, offer "subjects free of charge" to the students.

The "*New York Medical College,*" situated in 13th street, near the 4th Avenue, claims no paternity from any University real or imaginary, but stands on its own independent foundation. It gives full and complete courses of lectures, and has been liberally furnished with the means and appliances for thorough instruction, while its Professors are active and able men, and no changes that we are aware of, have been made during the past year, in their number or relations.

The circular of this school makes an announcement of great importance to the medical student, and to all who desire thorough practical instruction, which is applicable to all the schools, and which if heeded as it should be, would make New York city the Medical emporium of the country. "The advantages which New York offers for Clinical study, far surpass those of any other city. The students can have access to the New York Hospital, Bellevue Hospital, and Emigrants Hospital, as well as to the Eye and Ear Infirmaries, and the various Dispensaries of the city."

In these and other medical charities of New York, there were treated in 1853, over 150,000 cases of disease of every variety, forming a source of information unequalled on this continent.

In conclusion, though we think there is already a plentiful supply of Doctors in the land, we wish the schools all success, and would express the hope that their aim, in their rivalry, will be less for numbers of hearers than for the quality of their graduates.

* Since the above was written, Dr. Swett has paid the debt of nature. An obituary notice of him will be found under the appropriate head.

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FURTHER ENLARGEMENT OF THE REPORTER, AND OTHER MATTERS.

If any of our subscribers have objections to seeing the REPORTER enlarged to forty-eight pages, let them forthwith present them, or "forever after hold their peace." This further enlargement is in contemplation, to commence with the eighth volume, in January next. We also propose making a slight change in the *name*, giving it one not so *local* as that which it now bears. The circulation of the REPORTER has very rapidly increased out of New Jersey, of late, and it will be both expedient and wise for us to make some change in this respect. We shall not abate in our endeavors to deserve the confidence and support which it has been our good fortune to receive in years past. Although we have had much to encourage us, there is yet cause for complaint. To some subscribers who are in arrears, we say

☞ TAKE SPECIAL NOTICE. ☜

There are names on our books, to whom the REPORTER has been regularly sent for two, three, *four* and FIVE years, who have never paid one cent on their subscriptions. We have appealed to them by sending bills, by writing to them letter after letter, by calling on some of them personally and by agents,—but all in vain. The amount they owe us, and of which we are deprived, seriously embarrasses us. We are at a loss to know what to do with them. We cannot afford to hire an agent to visit them, cannot afford to send them the REPORTER for nothing, or to lose the amount of their subscriptions silently. We have expended enough in trying to collect their dues, and have reached a point where forbearance ceases to be a virtue. Can we do better, in regard to some to whom we have frequently written, and *recently* appealed by letter, than EXPOSE them if their subscriptions are not paid by the close of the volume, or a satisfactory reason given why they are not paid?

Publishers of medical journals owe it to themselves, and to the fraternity, to adopt a *uniform* system of payment in advance, and *adhere to it.* Why should it not be as practicable with us, as with our city daily papers. We subscribe to a daily paper published in New York, from which we occasionally glean something to interest our readers. We would rather have it any day than our dinner; but, when our subscription expires, it stops coming, and—continues to be issued daily, *for all that!* So let it be with medical journals. Let us be paid *in advance*, or be saved the expense of laboring for non-paying sub-

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scribers. The North-Western journal, published in Chicago, recently contained some excellent remarks on this subject. Let it continue to be agitated, until there is a change made for the better.

BLOCKLEY HOSPITAL, PHILADELPHIA.

We are happy to be able to announce that this extensive establishment has been thrown open to clinical instruction. Four lecturers have been appointed, none of whom are in any way connected with the medical schools; and arrangements have been entered into, by which the students are to be conveyed to and from the Hospital by omnibuses.

This arrangement is one of great importance to the interests of the Philadelphia medical schools, as it increases in a very important direction, the facilities which they can present to students, for acquiring a competent medical education. Drs. Henry (H?) Smith, and D. H. Agnew, were elected Surgeons, and Drs. John L. Ludlow, and R. T. Coleman, instructors in clinical medicine. Dr. Coleman having subsequently tendered his resignation, it was accepted, and Dr. Casper Morris was elected to fill the place. On the fourth ballot our confrére, Dr. Joseph Parrish, received six votes out of twelve cast. We presume his connection with one of the schools prevented his election.

Two additional resident physicians were also elected, viz: Drs. Geo. B. Smith, late of Tennessee, and Tomlin Braxton, late of Virginia.

ERRATA.

We try to be *very* particular to have our communications always inserted *correctly*, and believe, that as a general thing, they are. The last number, we flattered ourselves as being particularly correct. But a note from Dr. Atlee points out a few errors in his article, which we hope our readers will notice.

In the prescription p. 393, for *Bitart:* read *Bicarb:*

Page 394, line 1st, for *much* read *renal.*

Page 307, line 23 from top, for *renal* read *vesical.*

Page 398, line 20 from top, for *separating* read *repeating.*

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EDITORIAL ITEMS.

☞ WE are reluctantly compelled once more to apologize for the non-appearance of the portrait of Dr. Mussey. It is ready for insertion, and has been for two months, but the article on the American Medical Association which it was to accompany, has not come to hand. The author of those articles is a working man in his profession, and no doubt is unavoidably compelled to disappoint us.

☞ We would say to our Boston friends who are supplied through Mr. Russell, that the delay in delivering the September number was not his fault. Neither was it ours, for we ourselves mailed the bundle promptly, to Mr. Russell's address. The fault, therefore, rests with the post office department. If any of our subscribers fail to receive their numbers, we hope they will inform us, and if possible, we will supply them.

☞ We have received several invitations to exchange with a monthly, entitled "*The Georgia Blister and Critic*," published at Atalanta, by H. A. Ramsey, M. D. If it were for the mere matter of giving and receiving, we would have no special objections, but we cannot bring ourselves to countenance as a *Medical* Journal, a publication of so low a type of organization, as the numbers we have received, shew it to be. Our periodical literature should exert an *elevating*, not a *debasing* influence on the profession it professes to represent. We have no feelings towards Dr. Ramsey, other than those excited by the perusal of his various publications; and as to sectional feelings—born in Tennessee, cradled in Alabama, and nurtured in Georgia, we put ourselves second to none in devotion, *not* merely to *southern* or *northern* medicine and interests, but to the interests medical, social, and political, of our *whole* wide extended land—which, may God bless!

☞ A communication just received from Dr. Denny, of Alabama, will receive due notice in a future number.

☞ Mr. Joseph M. Wilson, the Philadelphia agent of the REPORTER has removed to the south-west corner of Ninth and Arch streets.

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NECROLOGICAL RECORD.

DIED—In New York, Sept. 18th, Professor *John A. Swett, M. D.*, of the Fourteenth Street Medical School. "He had been for some years, more or less under the pressure of a febrile cachexia, which, though kept under subjection, would sometimes exhibit increasing symptoms, in the form of Chills and Fever; and he was also afflicted with albuminuria, which eventually got the mastery of him, producing a very thorough Uremic condition of system, under which he succumbed, in the 46th year of his age.

There are very few men, in the ranks of the Profession in New York, whose loss will be more regretted. He was one of the most faithful *students* among us, up to the last possible moment of study, and though by no means a brilliant man, he was noted for the steadiness and minuteness with which he prosecuted his researches, and the remarkable clearness of thought and expression with which he explained his subjects. He was our principal authority in consultation in diseases of the Heart and Lungs, which his admirable work on that subject, the substance of a course of lectures delivered at the New York Hospital, will fully justify. His attention had of late, been particularly given to diseases of the Kidneys, which he had investigated with all his usual tact and industry, and on which he had favored us with a course of valuable lectures. He was appointed to the chair of Institutes and Practice of Medicine in the fourteenth street medical school last year, and has consequently given but one course there. His loss will be severely felt in that Institution, to his confreres of the Hospital, for he was unequalled as a pathologist, and to the Profession at large, with whom he was popular and well beloved."

—— In Flemington, N. J., Aug. 16th, of Inflammation of the Pericardium, *Dr. Willard F. Combs*, in the 26th year of his age. Highly esteemed by all who knew him, his loss will be deeply felt in this community. For the short period he had been practising his profession here, he had secured a large measure of confidence, for his skill and kind attentions. During the past winter he made a public profession of religion, and united with the Baptist Church in this village, where it was hoped he would long be spared for usefulness, of which he gave large promise. But in the mysterious providence of God, he has been called away in the beginning of his christian course, and in the vigor of his life. His afflicted friends, however, have the rich consolation of knowing that he was abundantly sustained through a painful illness, and in the trying hour of death, with the precious hope of a glorious immortality.—*Hunterdon Gazette.*

—— In Wilkesbarre, Pa., August 26th. *J. Lawrence Day, M. D.*. Dr. Day was a physician of respectable attainments, popular, and beloved as a man and a christian. His life had been one of "great devotion to the interests of the sick, the suffering, the poor." He was, for years before his death, a subscriber and occasional contributor to the NEW JERSEY MEDICAL REPORTER.

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ECLECTIC AND SUMMARY DEPARTMENT.

On a New Mode of Reducing Prolapsus Uteri. By REUBEN SEARCY, M. D., of Tuscaloosa, Alabama.—Mr. Editor:—I am not aware that any writer has recommended precisely my manner of operation for the correction or the misplacement of the organ now under consideration. As I have been uniformly successful, I thought, probably, that by this communication, I might make some suggestions that may lead physicians to a more easy and successful operation than is usually practiced. First, make a digital examination, to ascertain the condition of the womb; if you find it engorged with a dipping down into the vagina; place the female on her knees, her breast low on the bed, she should bend her back as far as possible; which I term sway the back; by this postion the weight of the bowels, and the abdominal muscular contractions are taken off, and the operator has every chance of replacing the organ, by introducing the index and middle fingers, and reaching, by pressing his fingers as far into the vagina as possible, the body of the womb lying next to the rectum; then by a firm pressure, carry the womb to its proper place. If the womb has been long out of place, it will take much more force than is generally imagined to effect a restoration; which must be accomplished, let the pain be ever so great; when this is accomplished the female should be directed to fall on her side without rising up, and remain in a horizontal position several hours, or until next morning, as I generally select the usual bed time for the adjustment. I allow my patient to be up and take exercise to invigorate the system, giving directions to avoid lifting, and severe exertion, or anything that would cause a straining of the abdominal muscles, and for her to lie down frequently and every time on lying down, to place herself on her knees, breast down and back swayed, and while in this position to make a suction or upward drawing of the abdominal muscles; this will bring the womb that would otherwise be disposed to fall as low as first found, back into its proper place. This position and practice should be especially insisted on, every night, on retiring.

Frequently one replacement, by following up the practice of position, together with the suction and swaying of the back, and after a few suctions remaining a short time on her knees, in a perfectly relaxed condition of all the muscles, before tumbling down for the night, will suffice. By this practice the womb will soon accommodate itself in its proper place, and the ligaments and other parts sustaining the womb, will strengthen.

If the symptoms are such after a few days, as to cause the practitioner to suspect that the womb is not right, examine again as before, etc. Generally it is not necessary until after the next catamenia has ceased, then it would be well to re-examine, etc. If, on the first examination, the womb is found retroverted, after placing the woman on her knees, breast down and back swayed; then the doctor will proceed; and unless

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he has unusually long fingers he will not be able to reach the fundus of the womb by the vagina; then it will be necessary for him to explain to her the necessity for him to introduce the finger, (the index) into the rectum; then by running the finger high up in the bowel, reach to where the fundus of the womb is pressing against the bowel; then by a very firm pressure forward, the bowel going before the finger, the womb is carried in a proper line for adjustment, as before directed: this breaking up or breaking out of its unnatural bed or displacement is extremely painful, and a timid practitioner will desist through sympathy for the sufferer before he accomplishes his object, and leave his patient to drag out a life of suffering, unless she should fortunately fall into bolder hands. The suffering for a few moments should not deter the operator from pushing to the accomplishment of so great and so permanent relief.

It will be readily perceived that I discard all pessaries. I deem them irritants and excitants, and seldom do good, and therefore should be condemned and discarded from this practice.

By my plan, the patient exercises sufficiently for her general health, she is not subjected to so much manipulation, as she is on the other plans. The plan presents itself at once forcibly to the minds of all, as the most natural and easy of accomplishment over all others.

Abdominal or bowel supporters might be necessary for some females to wear, where the bowels press too heavily on the broad ligament or floor of the abdomen in which the womb is suspended. The patient should be directed not to let the bladder become much distended.

All departures from general health should have, medicinally, their appropriate attention.— *Western Journal of Medicine and Surgery.*

Treatment of Cholera Morbus. By N. WILLIAMS, M. D.—Messrs. Editors: I have been a reader of your valuable Journal for many years, and as yet I have seen nothing, in all which it has contained upon the subject, approximating my own treatment of the foregoing disease. Moreover, I cannot learn, by inquiries of my medical brethren, that the practice to any great extent has been adopted; but, on the contrary, I know of no one who has embraced it, save those who have done so at my own suggestion. And still I have no claims to originality, so far as the practice is concerned. It was derived from some European writer, through the medium of that excellent and superior work, Braithwaite's Retrospect. And regarding it as I do, in the light of a *specific* mode of treatment, I am anxious that others should make a trial of it, and that the practice should be Americanized and universally adopted.

The remedies are simply morphia and creasote. My mode of prescribing them has generally been, to give from 1-8 to 1-2 grain of morphia, in combination with from one to three drops of creasote; the quantity of each ingredient to be governed by the age, constitution and habits of the patient, as well as the severity of the disease itself. Seldom do I find it requisite to give more than one dose of the creasote, especially where it is given soon after the act of vomiting. The morphia I usually repeat once or twice after the last dose of creasote, and

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this is all, generally, which the case requires, so far as medicine is concerned.

Treated in this way, I have found the disease a very easy and manageable one, and in no case, in my own practice, passing into secondary disease. Warmth to the surface, and the *moderate* use of warm drinks, are important adjuvants, and aid in restoring the equilibrium of the circulation. The same remedies, though in still larger quantities, I have used in two cases of cholera, both of which speedily recovered; but my experience with this disease is too limited to speak with much assurance. I trust, however, with some modification, it would be followed by better success than any other plan of treatment which I have known adopted. Hoping that others will give it a trial in this Herculean and mysterious pestilence, I will only add, what my own experience of years will abundantly justify, that the above remedies are the *sine qua non* in the treatment of cholera morbus.—*Boston Med. & Surg. Journal.*

Phœnix, N. Y., Aug. 10, 1854.

Medicine a State Institution in Spain.—The Gazette publishes a Royal decree to the following effect:—

"Art. 1. Every town and locality in the kingdom are in future to be provided with physicians, surgeons, and apothecaries, whose duty it will be to dispense medical aid to the indigent classes, and any other persons who may require their attendance.

"Art. 2. The existence of these physicians shall not prevent the free exercise of the medical profession in the same localities.

"Art. 3. The authorities will maintain in the free exercise of their profession, the persons who have been legally accredited, in virtue of the present decree, and other ordinances in force.

"Art. 4. The physicians, independently of their attendance on the sick, will have to take charge of foundlings, to decide whether substitutes are fit for the military service, and to visit sick soldiers passing through their districts. They are not to absent themselves from the town in which they practice, during more than twenty-four hours without the permission of the Alcalde, and for a longer period without providing a substitute. Their salary is to be proportioned to the population of the district, the wealth of its inhabitants, and other local circumstances. They will be entitled to a pension after practicing thirty years in the same district."—*London Times, April* 19.

Syrupus Manganesiæ Phosphatis.—By THOS. S. WIEGAND.—The attention of the medical profession having been called to manganese as a remedial agent, and many writers having recommended it as suitable to those cases in which the ferruginous salts are inapplicable by reason of their tendency to produce headache, it was thought that a phosphatic salt of manganese would be preferable to any other preparation, as the phosphates generally have been found advantageous in anemic conditions of the system. To be a satisfactory preparation, it should be in solution and unalterable by exposure to the air.

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The following formula, combining these pre-requisites, is of such a strength that each fluid drachm contains five grains of phosphate of manganese:

℞. Sulphate of manganese (in crystals)	℥ jss. gr. xvii.
Phosphate of soda	℥ iiss. or q. s.
Chlorohydric acid	f. ʒ iv.
Water q. s. ft.	f. ℥ vii.
Sugar q. s. ft.	f. ℥ xiiss.

Dissolve the salts separately each in half a pint of water, and add the solution of phosphate of soda to the solution of sulphate of manganese as long as it produces a precipitate, which wash with cold water, and dissolve by means of the chlorohydric acid; dilute till it measures seven fluid ounces, then add sugar sufficient to make up the bulk of twelve and a half fluid ounces.—*Amer. Jour. of Pharmacy.*

A New Theory of Animal Heat. (London Lancet). At a late meeting of the Physiological Society of London, Dr. Winn, read a paper on "*The Elasticity of Arteries considered as a Cause of Animal Heat,*" and presented a series of experiments made by him with the view of proving the theory.

He states that about seventeen years ago, whilst experimenting with caoutchouc, he was struck with the property which that substance possessed of evolving heat when suddenly elongated, and was led to infer the probability of other bodies being similarly endowed. The elastic coat of arteries, especially, appeared to be one of the substances likely to exhibit the califactory principle, and in the event of this being the case, it would not be unreasonable to infer that the incessant contractions and dilatations of the arteries during life must form an efficient cause of animal heat.

The following experiments made with portions of the aorta of a bullock, somewhat verify the conjecture, and are, at any rate, worthy of notice:

Having cut off a circular portion of the descending aorta, an inch in length, he laid it open, and removed its external and internal covering. He then pulled it to and fro, with a continuous jerking motion, (in imitation of the cystole and diastole of the heart,) for one minute. He then placed in it the bulb of a thermometer, and found that the mercury had risen *two degrees.* To be certain that the increased heat did not arise from any source, he took the precaution of wrapping his finger with a double fold of flannel in order to prevent a communication of heat from the body. He also covered his mouth with a handkerchief, to guard against the warm breath affecting the experiment. There was no fire in the room, the temperature being 36°.

The principal difficulty in this investigation appears to be the moisture of the artery, which, by its evaporation, had a tendency to carry off a portion of the heat. By carefully drying it with a cloth, however, this impediment was partially removed.

His attention was often arrested during the experiment, by other me-

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chanical analogies between the elastic coat of arteries and caoutchouc. They both would bear elongation to twice their length and would return to their usual dimensions with considerable force and the same snapping sound.

From the preceding observations, Dr. Winn concluded that the generation of animal heat could be satisfactorily explained. Physiologists had proved that a certain portion of animal heat was the result of chemical changes in the blood. Yet they confessed that a residuum of heat could not be thus accounted for, and Dr. Winn proposes to refer this residuum to the mechanical action of the arteries. Although difficult to measure the exact amount given during each arterial beat, yet if the development of only a small quantity was admitted, it necessarily followed from the incessant action of the arteries, that the body, unless cooled by the functions of the skin and lungs, would soon become preternaturally hot.

Dr. Winn presents the following physiological and pathological facts as corroborative of this theory:

1st. The minute distribution of the arteries to every part of the system, thus ensuring an equal distribution of heat. 2nd. The *rigidity* of the arterial system, in old age, as being the probable cause of the diminution of animal heat. 3rd. The increased warmth of the body after exercise seemed to be explicable upon the principle of the increased force of the arteries. 4th. When there existed any arterial excitement, and especially if the functions of the lungs (or skin) were at fault, the heat of the body would be greatly increased. 5th. Medicines which reduced the force of the heart and arteries diminished animal heat. 6th. The heat of local inflamations when there was no constitutional disturbance, could only be accounted for in this way, as the arteries in the neighborhood of the disease would be throbbing violently, whereas the capillaries which are supposed to play so important a part in the chemical theory are generally considered to have their action impeded.—*Virginia Med. & Surg. Journal.*

Syrup of Elderberries (Sambucus Canadensis) as a substitute for the Compound Syrup of Sarsaparilla. By W. H. WORTHINGTON, M. D. of Westchester, Pa. There being much dissatisfaction attending the use of the Compound Syrup of Sarsaparilla in the hands of some physician, the syrup of elderberries was recommended to my notice by Dr. Benjaman H. Stratton, of Mount Holly, N. J., who for some years, has been in the habit of using it in all cases of disease, in which an alternative action upon the system was desired, and for which the sarsaparilla is usually employed. In the treatment of gout, chronic rheumatism, eruptive and syphilitic affections, he has used it combined with the iodide of potassium, with marked benefit. The formula used by him is the following:

℞. Juice of elderberries, Oxvj.
Sugar crystal, lbxvj.

Mix and boil to a syrup; after allowing it to cool, add to every pint

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of syrup one ounce of the best fourth proof French brandy, bottling and keeping in a cool place.

Dose, from a desert to a tablespoonful three times a day.

Flattering myself that an improvement could be made in the preparation of the above syrup without injury, I have prepared a compound syrup of elderberries, containing some, if not all of the most active ingredients of the compound syrup of sarsaparilla, (*Guaiaci lignum and Sennæ fol.;*) by this means, as I think, increasing the alterative virtues of the syrup, giving it a more marked and active character in the treatment of gout, rheumatism, &c., than it possessed without them. To this syrup may be added the iodide of potassium to suit the views of those prescribing. The formula is as follows:

℞. Juice of elderberries, Oxvj,
Sugar crystal, lbxvj.
Guaiacum wood, ℥iv.
Senna leaves, ℥iii.

Put the sennæ fol. and the guiac. lig. in three pints of water, boiling it down one half, and strain. Put the juice and sugar in a kettle, place it on the fire, and when it comes to a boil, add the decoction of guaiac. lig. and sennæ fol., allow it to boil to a syrup, when it must be taken off, strained, and let cool. To every pint of syrup add one ounce of the best fourth proof French brandy, bottling and keeping in a cool place.

Dose, the same as preceding.

The syrup of elderberries is given to the profession chiefly upon the recommendation of Dr. Stratton, whose skill and experience as a practitioner is entitled to the confidence of his medical brethren. If, as he believes, it possesses more certain and prompt remedial virtues as an alternative than sarsaparilla, it ought to be added to our catalogue of officinal articles. The difficulty of obtaining at all times good sarsaparilla, and especially in the country, increase the claims of this syrup upon our rural practitioners, who can command with facility, and in great abundance, the material for its preparation.—*Med. Rep., Chester Co., Pa.*

Proofs that Dr. Griffitts bled in Yellow Fever. By Dr. S. Jackson, late of Northumberland.—Whoever remembers Dr. Samuel Powell Griffitts, must entertain the highest respect for his opinions in medicine; and very many Philadelphians would even now be greatly swayed by his authority. He studied his profession in this city, then in Paris, Montpelier, Edinburgh, and London; settled in Philadelphia in 1784, where he practised forty-two years with great reputation. He was some years Professor of Materia Medica in the University of Pennsylvania, and for a long time vice-president of this College. He was a busy practitioner in all the epidemics of yellow fever, having been during all of them absent only two weeks, which time he spent in the country to gain strength after an attack of the fever. A beautiful memoir of him, by Dr. G. Emerson, may be seen in the *North American Medical and Surgical Journal*, vol. iii.

It has somehow got abroad, that this eminent man was opposed to

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bleeding in yellow fever; an error which I have thought it well to correct as soon as possible, for the authority of a favorite name is a formidable thing in the practice of medicine. He left some autographic notes, which are now in the possession of his son, William Griffitts, wherein he has mentioned something every day from the 1st of August to the last of October 1798, during which time the yellow fever was epidemic.

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There are some notes in the *manuscript* for every day during the three months, but I shall quote merely those days in which something is said relative to bloodletting, or to the success of his practice:—

"*Aug.* 6 and 7, Dr. Benneville, and two others, were cured by bleeding, mercury, &c.

"23*d*. My practice much among the poor. Those who are properly attended and seen in time, generally recover. Three cases quite well to-day, two of which were very bad. I use the following plan: as soon as called, bleed largely; give pills of four grains of calomel every two hours till they purge—if too much, give a little opium; repeat the bleeding *pro re natâ*. Continue this course for the first three days; then purge with sol. tart., or senna and rhubarb, constantly and largely. Apply blisters to wrists after third day in case of nausea, weakness, or fever, and to the stomach if any appearance of vomiting come on. The fever appears to be much more violent and contagious than in 1793 and 1797.

"29*th* Several children affected with the fever; most of them recover.

"*Sept.* 2*d*. A patient who appeared to be doing well in the morning neglected bleeding, and died in the evening with profuse hemorrhage.

"5*th*. Upwards of sixty visits, and obliged to re-use many applications.

"6*th*. Encouraged by the situation of my patients. Remedies, when properly applied, seem to do as much as can be reasonably expected. Mercury, when it produces salivation, does every thing.

"8*th*. Feel much relieved, and, I hope, thankful. Many of my patients doing well.

"13*th*. Much encouraged by the situation of my patients, except those to whom I was called late.

"18*th*. No death among my patients to-day. Visited forty-three cases of fever. Mercury certainly does more than any other medicine.

"21*st*. Remarkable case of a boy of about twelve years, violently seized; was bled, and lost more afterwards—in all, about twenty ounces; in the evening his fever nearly gone, but very comatose; his head was shaved, and next day he was quite well. He also used the calomel pills"

From this to October 30, something is noted every day, but nothing relative to our present purpose. It is not known, as above said, that he left anything on yellow fever except these notes, and the few pages in the *Eclectic Repertory*, vol. vi., where nothing is said of the treatment. Now remember, that he looked upon bleeding, purging, mercury, and blisters, as the great remedies; that he says: "they seem to do as much, when properly applied, as can be reasonably expected;" that he frequently derives comfort from his success therewith.

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Though he is very indefinite as to the quantity of blood he drew, he speaks in his general summary of remedies (note for Aug. 23,) as bleeding copiously at first, and of repeating the operation *pro re natâ*. His Latin phrase will be estimated differently by different minds; but its meaning, on the present occasion, is very happily ascertained and determined by his letter to Dr. Rush (*Med. Inqs. and Obs.* vol. iii. p. 268), dated Oct. 19, 1793, during the prevalence of the fever:—

"I cannot leave town without a parting adieu to my kind friend, and sincere prayers for his preservation. I am sorry to find that the use of the lancet is still so much dreaded by too many of our physicians; and while lamenting the death of a valuable friend this morning, I was told that he was bleed but once during his disease. Now, if my poor frame, reduced by previous sickness, great anxiety and fatigue, and a very low diet, could bear *seven* bleedings in *five* days, besides purging, and no diet but toast and water, what shall we say of physicians who bleed but once?"

On the treatment of Delirium Tremens. By ALEXANDER PEDDIE, M. D., of Edinburgh—(Monthly Journal of Medical Science.)

* * * * * * * *

From these considerations, I resumed the use of antimony alone; and during the last ten years, I have treated upwards of eighty cases of the genuine disease, many of them very severe ones, with uniform success—not only in regard to the speediness of the immediate recovery, but the comparatively thorough restoration to a healthy condition of body and mind—as much so, at least, as could possibly be expected in individuals, many of whom had been, and were likely soon again to become, habitual drinkers. The dose which I have been accustomed to give, has ranged from one quarter to one half of a grain, in simple solution, every two hours, sometimes at shorter intervals, according to the degree of excitement and irritability. The action of the antimony appears to be chiefly sedative. Its direct action is to reduce the vascular excitement of the brain, soothe the nervous system, and diminish muscular power; and its more indirect action is exerted on the functions of the skin, kidneys, and intestinal canal. In two or three instances only have I found it necessary to suspend its employment, in consequence of diarrhœa and hemorrhagic discharge from the bowels; and in these cases I substituted digitalis and ipecacuan, with marked benefit; and I do not recollect of ever seeing it produce continued vomiting, although occasionally I have found the first or second dose eject from the stomach a quantity of bile. It is for the sake of its emetic effect that, in Germany and America, it has been prescribed in large oft-repeated doses, even from four to seven grains every hour, and that, too, according to report, with benefit. But although there is, doubtless, extraordinary tolerance of this agent in delirium tremens, I do not think that the use of such, or any other very heroic means are warranted. Bleedings, large opiates, or large doses of tartar emetic, are all, although certainly not equally, unsafe, and therefore to be deprecated. An antimonial course of treat-

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ment in moderation, and with the design I have indicated, gently diminishes excited action, induces weariness of muscle, general nervous exhaustion, and mental languor. It thus removes all hindrances to the occurrence of the salutary sleep. It prepares the way for it, not by forcing, but by favoring it; and when the individual, exhausted, seeks his couch, and finds repose, that goes on, not as a drugged sleep, but as a purely natural and profound repose, from which he awakes with restored reason and muscular control.

Although I have recommended the tartrate of antimony as a chief remedy in delirium tremens, there are several other means essential to its successful treatment In the department of medicinal agents, however, I have only further to suggest, that, should the bowels not be moved by the antimony, the compound powder of jalap (ʒj.) will generally be found speedy and efficacious. The other means of cure belong strictly to regimen and diet; and the first of these in importance is bodily freedom. Nothing is more hurtful in delirium tremens than the restraint, particularly that of the strait-waistcoat. I have seen instances, and heard of many more, where I have no doubt the cerebral excitement was so increased by the never-ceasing struggle for liberty, that fatal convulsions at last afforded release. All the control required in the presence of one or two judicious attendants, who will humor the patient in his whims and fancies; who will speak and act regarding them so as to assure him of safety, and to relieve him of apprehension, which is the most characteristic feature of the delirium; and who will mildly but firmly interpose, if he attempts anything which may accidentally prove injurious to himself or others. Of course injury inflicted wrathfully or vindictively, is not to be anticipated, for rage, violence or outrage, do not occur in this remarkable disease, but only in that affection which I have already briefly noticed, and with which it is sometimes confounded, namely, the madness of drink. Hence the frequent accounts met with in the public prints, of homicidal, suicidal, and other violent acts, said to be perpetrated during fits of delirium tremens, originate in an entire misapprehension of the nature of the two diseases. The apartment, however, in which the delirium tremens patient is confined, should be well secured, for he may rush out at the door, or jump out of the window, in the fright and frenzy of supposed danger. The larger, too, the room is, so much the better, that he may have ample space to advance and retreat, according as he wishes to scrutinize or avoid a suspicious or distressing object of his fancy; to arrange and re-arrange articles of furniture; or to carry on, after a fashion, the duties of some bustling occupation. All this expenditure of muscular effort, without any restraint, aids greatly the antimony in producing a safe kind and amount of physical and mental exhaustion, from which the patient, languid and worn out, at last lies down voluntarily, and falls into the much-desired sleep. It is thus, too, that the "walking drill," according to Dr. Blake's experience in the West Indies, was found efficacious in warding off attacks of delirium tremens in the case of drunken soldiers; not, however, as supposed, from the exercise proving a new stimulus in the place of

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the rum, to which they had no access, but from its wearing-out effect, while the proper nutrition of the body was maintained. No one would ever think of ordering continued and monotonous hard work, and muscular fatigue, for an affection of "exhausted nervous power."

During the entire paroxysm of the attack, it is of some consequence to afford the patient abundance of light; not, however, as supposed by Dr. Blake, for its stimulant or excitant effect, but for its aid in correcting false optical impressions. The excited brain is very apt to receive erroneous impressions, from the appearance of surrounding objects, if there is an uncertain light. Hence the exaggeration of many of those agitating and terrifying illusions and phantasms which more distinct vision would prevent or quickly dispel. During the daytime, therefore, there should be no half-closed shutters, nor half-drawn blinds or curtains, but advantage taken of the clearest light available; and during the evening or night, the more distinct the artificial light is, so much the better. Perhaps perfect darkness may serve the purpose equally well; but this can be available only in the well-padded chamber of a lunatic asylum; and besides, in private practice, the other parts of the plan of treatment here recommended, which require the presence of an attendant to regulate the doses of antimony, or other sedative, and to administer, from time to time, suitable nourishment, could not be carried on without the admission of light. This leads me to remark, in conclusion, that during the administration of the tartar-emetic, I give, at intervals of a few hours, a moderate quantity of good beef-tea, mutton broth, or chicken soup, and sometimes *café au lait*, with the white of an egg switched up with it. Thus, while the vascular action in the brain is being subdued, and the nervous system liberated from the presence of the alcoholic poison, the functions of organic life are sustained, and a better ultimate recovery is secured.—*Boston Med. and Surg. Jour.*

On the Venom of Serpents. By J. GILMAN, A. M., M. D., LL.D.—There is much in the history and habits of the reptile tribes, however repulsive they may be in appearance, that is very interesting. During a sojourn of two or three months in the interior of Arkansas, which appears to me to be the paradise of reptiles, I paid some attention to that branch of natural history called ophiology. I found four distinct varieties of rattlesnakes (*crotalus*), of which the Crotalus Horridus and Crotalus Kirtlandii are by far the most numerous. The former is the largest serpent in North America. The family of moccasin snakes (Colluber) is also quite numerous, there being not less than ten varieties, most of which are quite as venomous as the rattlesnake. By dissecting great numbers of different species I learned that the anotomical structure of the poisoning apparatus is similar in all the different varieties of venomous serpents. It consists of a strong frame-work of bone, with its appropriate muscles in the upper part of the head, resembling and being, in fact, a pair of jaws, but externally to the jaws proper, and much stronger. To these is attached by a ginglymoid articulation, one or more movable fangs on each side, just at the verge of the mouth, capable of

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being erected at pleasure. These fangs are very hard, sharp, and crooked, like the claws of a cat, and hooked backward, with a hollow from the base to near the point. I have occasionally seen a thin slit of bone divide this hollow—making two. At their base is found a small sac, containing two or three drops of venom which resembles thin honey. The sac is so connected with the cavity of the fang during its erection, that a slight upward pressure forces the venon into the fang at its base, and it makes its exit at a small slit or opening near the point, with considerable force; thus it is carried to the bottom of any wound made by the fang. Unless the fangs are erected for battle, they lie concealed in the upper part of the mouth, sunk between the external and internal jaw bones, somewhat like a pen-knife blade shut up in its handle, where they are covered by a fold of membrane, which encloses them like a sheath; this is the *vagina dentis*. There can be no doubt that these fangs are frequently broken off or shed, as the head grows broader, to make room for new ones nearer the verge of the mouth; for, within the vagina dentis of a very large crotalus horridus, I found no less than five fangs on each side—in all stages of formation—the smallest in a half pulpy or cartilaginous state, the next something harder, the third still more perfect, and so on to the main, well-set, perfect fang. Each of these teeth had a well-defined cavity like the main one. Three fangs on each side were frequently found in copper heads, vipers and others.

The process of robbing serpents of their venom is easily accomplished by the aid of chloroform, a few drops of which stupefies them. If, while they are under its influence, they are carefully seized by the neck, and the vagina dentis held out of the way by an assistant, with a pair of forceps, and the fang be erected and gently pressed upward, the venom will be seen issuing from the fang, and dropping from its point. It may then be absorbed by a bit of sponge, or caught in a vial, or on the point of a lancet. After robbing several serpents in this manner, they were found after two days to be as highly charged as ever with venom of equal intensity with that first taken.

During the process of robbing several species of serpents, I inoculated several small but vigorous and perfectly healthy vegetables, with the point of a lancet well charged with venom. The next day they were withered and dead, looking as though they had been scathed with lightning. In attempting to preserve a few drops of venom, for future experiments, in a small vial with two or three parts of alcohol, it was found in a short time to have lost its venomous properties. But after mixing the venom with aqua ammonia, or spirits turpentine, or oil of peppermint, or of cinnamon, or of cloves, or with nitric or sulphuric acid, it still seemed to act with undiminished energy. It is best preserved, however, for future use by trituration with refined sugar or sugar of milk.

A very fine large cotton-mouth snake, being captured by putting a shoe-string around him, became excessively ferocious, striking at even the crack of a small riding whip. Finding himself a prisoner, without hope of escape, he turned his deadly weapons to his own body, striking

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repeatedly his well-charged fangs deeply into his flesh. Notwithstanding this, he was put in a small basket, and carried forward. In one hour after, he was found dead, and no amount of irritation could excite the least indication of life. Four hours after, while removing the skin for preservation, the blood oozed slowly from the vessels in a dissolved state. No violence was done to his snakeship, except what he did to himself.

Another moccasin, shot by a pistol about two inches back of the head, and skinned immediately, gave decided evidence of vitality four hours after being flayed, by writhing the body whenever it was irritated by a scalpel.

A large rattlesnake beheaded instantly, with a hoe, would, an hour and a half after strike at anything that pinched its tail. Of several persons who were testing their firmness of nerve, by trying to hold the hand steady while the serpent struck at it, not one could be found whose hand would not recoil in spite of his resolution; and one man, a great bully, by-the-by, was struck on the naked throat with considerable violence by the headless trunk of the serpent, and staggered back, fainted and fell, from terror. Mr. Stewart of Miss., tells me he once witnessed a similar scene. An old hunter shot a rattlesnake's head off, and after reloading his gun and standing some time, he stooped to pull off the rattles, and the bloody but headless trunk of the snake struck him in the temple, and he fainted and fell down with terror.

Seven venomous serpents belonging to five different species were made to fraternize and dwell amicably in one den. A beautiful pair of long bodied speckled snakes, known as king snakes, found to be fangless, and consequently without venom, were duly installed as members of the family. Some uneasiness was perceivable among the older members, but no attempt was made to destroy the intruders, though they might have been killed instanter. The next morning four of the venomous serpents were found to have been destroyed by the king snakes, and one was still within their coil, and the two remaining ones would make no effort at self-defence. A large rattlesnake seemed stupid and indifferent to his fate. He could not be made to threaten or give warning even with his rattles. The smallest king-snake was afterwards inoculated with the poison of one of the serpents he had destroyed, and died immediately after—thus evincing that they must have exercised some power besides physical force to overcome their fellow creatures.

In short, the results of a great number of experiments performed with the venom of a great variety of serpents, seem to lead to the following conclusions:—

1st. That the venom of all serpents acts as a poison in a similar manner.

2d. That the venom of some varieties is far more active than that of others.

3d. That a variety of the colluber, known as the cotton-mouth, is the most venomous serpent in Arkansas.

4th. That the venom of serpents destroys all forms of organized life, vegetable as well as animal.

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5th. That alcohol, if brought in contact with the venon, is, to a certain extent, an antidote.

6th. That serpents do possess the power of fascinating small animals, and that this power is identical with mesmerism.

6th. That the blood of small animals, destroyed by the venom of serpents, bears a close resemblance to that of animals destroyed by lightning or hydrocyanic acid; it loses its power of coagulation and cannot be long kept from putrefaction.—*St. Louis Med. and Surg. Jour.*

Topical uses of Iodine.—The value of iodine as a counter-irritant, is year by year becoming more generally appreciated, and is yet much less so than it deserves. The iodine solution will probably, before long, entirely supersede mustard plasters, being at once more efficient, and much less disagreeable in its employment. The following notes on its application, will, perhaps, not be useless; they are the results of very extended observations in the hospitals generally, but more especially in those devoted to the treatment of diseases of the chest—1st. In the pleuritic stitches, or aching pains in the chest, so commonly recurrent in the course of phthisis, the iodine paint,* applied over the affected spot, usually affords, without any expense to the vital powers, much more relief than either leeches, sinapisms, or blisters. It may be used in almost all conditions of the system, with perfect safety. 2d. In cases of aphonia or hoarseness, depending on inflammatory thickening of the parts concerned in the production of voice, great benefit may be derived from painting the iodine over the front of the throat externally. 3d. If the mucous lining of the fauces, etc., be thickened and congested, the solution may, without risk, be freely applied to the parts itself. 4th. In the treatment of chronic enlargement of the tonsil, the application of iodine to the gland itself will sometimes effect a cure, but is much less generally efficient than constitutional treatment. 5th. In cases of chronic pleuritic effusion, or of consolidation of the lung, the solution should be painted over a large extent of the diseased side, and is of great service when the period for blistering or leeching has passed. 6th. Applied extensively over the belly, iodine is a useful counter-irritant in the incipient stages of strumous peritonitis. 7th. In strumous ophthalmia, the application of the pharmacopœial tincture to the skin of the lids is often effectual in relieving intolerance of light; much benefit may also be derived from like practice in cases of granular lids. In both instances, frequent repetition is necessary. 8th. In all forms of periostitis, whether sylphilitic, strumous, or the result of injury, iodine paint is invaluable. 9th. It is needless, perhaps, to mention the employment of iodine as a local application to bronchocele, to inflamed joints, and to enlargements of the absorbent glands; with regard to the latter, a point

* The following is the formula for the solution alluded to.—R Iodinii ℥i; sp. vini rectificati ℥i; Ft. solutio. This should be allowed to stand by in a glass-stoppered bottle for some months before required for use. It then becomes thick and syrupy, rapidly dries when applied to the skin, and does not run. It should be applied with a camel-hair brush, one, two, three, or more coatings, according to the wished-for effect.

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is worthy of being borne in mind, to which Dr. Budd was, we believe, the first to direct attention, viz: the propriety of applying it to the skin beyond, and not over the affected gland, so as to allow of its being absorbed and taken through the gland in the course of the lymphatic circulation. 10th. Injections of iodine into the cavities of abscesses, glandular or otherwise, appear most frequently to produce good results, and to be unattended, except in very exceptional instances, by any risk. The theory of their use is, that they provoke adhesive and not suppurative inflammations, as, for instance, in the radical cure of hydrocele. 11th. In cases of contracted cicatrices after burns, in which treatment by extension is adopted, the application of iodine is of advantage in causing the absorption or softening down of the indurated structure. Some cases illustrative of this have recently been under care in the Middlesex Hospital. Care must be exercised, or ulceration may be caused. 12th. In cases in which the patient cannot be got to swallow medicine, as now and then happens in phagedænia of the throat, the specific influence of iodine may be induced by its endermic application, the best method being to paint over large surfaces of skin the pharmacopœical tincture, choosing a different part each time.

The reason why, as a counter-irritant in all forms of chronic inflammation, iodine appears so superior to other applications, is doubtless to be found in the fact that it is capable of absorption, and may thus act beneficially in two distinct methods.

We have enumerated above some of the chief uses to which the iodine solution is daily put in the practice of the London Hospitals, but do not profess to have mentioned all. These are, however, enough, we think, to prove its right to a place on the dispensing table of every Medical practitioner.—*Med. Times and Gaz.* April 8, 1854. [*American Journal Med. Sciences.*]

The wrongs of the Physician—The remedy. There is no class of men who, in pursuit of a livelihood, suffer the same anxiety, the same responsibility, the same fatigue, and whose services are so poorly appreciated as physicians. There are none who are so badly remunerated, or whose fees are so rarely paid cheerfully. The services rendered by a physician in January, are forgotten by the patient in June; and he who, while on his sick bed, regarded his physician as the only one who could succour him, will coolly criticise his bill, and wonder how it could be so much. A man can see through his grocer's account, and remember the items as charged; the coats his tailor furnished him he knows he has worn, and must of course pay for, or he would not be considered honest; but he does not see how a physician can have the conscience to charge him fifty or a hundred dollars for services rendered him in a sickness of two or three weeks duration; he will not remember the number of visits paid him—speaks of a few calls, and either says the bill is exorbitant, or refuses to pay it at all.

This is unfortunately the conduct of but too many persons towards their physicians—persons who, by education and the position they occu-

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py in society, are in a condition to know and to act in a manner more beseeming honest men and gentlemen.

We venture to say of the amount charged in their books by physicians in this city, there is not a third part collected, to say nothing of the number of patients they prescribe for without once making a charge; of the truth of this assertion, we have no positive proof, but as far as our own experience and that of our friends is concerned, we have every reason to believe it well founded. Two-thirds of a man's labor unproductive! Who but the physician is thus taxed? Could the printer, shoemaker or merchant hope to prosper under like circumstances? This is too much for charity. There is no reason why physicians should be called upon to pay so large a tribute.

But this unfortunate condition of things can be remedied, and we have no doubt it ultimately will be. All that is requisite, is the adoption by physicians in this country of the system in vogue almost all over the world. Let the physician be paid when his service is rendered—when he has finished his visit. In England, France, Germany, Mexico and Cuba, it is customary to hand him his fee as soon as he has earned it, and in many cases even to pay him before he leaves his domicil. The result of this is, that his services are estimated as they should be, and he is not required to ride or walk a mile, and in the end get nothing for his pains, as is but too frequently the case here.

No man will work with a good will at his profession or occupation, whatever it may be, if there exists much doubt of his being remunerated for his labor; and whatever may be said to the contrary, by those who extol the charity of physicians, there are but few who will take as much interest in a patient, who, though able, will probably pay nothing when cured, as they would in one who handed him a fee at the completion of each visit. The comparatively poor would undoubtedly receive better care and attention if the physician were thus paid; and payment for medical services would in this manner be much less burthensome to the mechanic who earns his two or three dollars a day, than if he were called upon for the whole amount at the termination of the case.

This system would not have a tendency to render physicians any less charitable, or any more unwilling to give their services gratuitously to those who were actually in need of them; on the contrary, there would be more charity done; the physician could afford it, and undoubtedly there would be a stop put to those impositions which now daily occur, by which many, under the plea of poverty, excites the physician's sympathy, secure his unpaid services, and behind his back laugh at his stupidity, and chuckle over their own shrewdness.

The adoption of this system is more imperatively necessary in this city than perhaps in any other. A large proportion of the population is entirely transient; thousands come here in the winter who form no permanent associations, who migrate from house to house—a week or two in one, a week in another—gather whatever money they can, and are away again in the spring. Farmers, mechanics, merchants, sailors, laborers, all able to pay their physician's fee, and many as willing as able to cheat him

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of it. It is a duty we owe ourselves to correct this, and to adopt the only syttem by which we can obtain remuneration for our services.

It may be said that the adoption of this system, in this city, is not feasible; that there is no unanimity of purpose among physicians here; that no concerted action, with a view to their own welfare, has ever succeeded; that there always have been traitors in the camp; that, to use a homely phrase, they prefer to go on their own hook. This may all be true to a certain extent, but we are sure there is good judgment enough in the profession, this subject being sufficiently agitated and considered, to enable a proper estimate of its importance to be arrived at, and energy enough to bring it to a successful issue.—*Editorial, in N. O Medical News.*

Vesico-Vaginal Fistula complicated with Vesical Calculus. Cured by operation. By W. H. MUSSEY, M. D.—Mrs. M., 24 years of age, was confined in September last with her first child. There was no discharge from the bladder till two days after the labor had terminated, at which time a very large quantity of water came away "*suddenly.*" The discharge continued to be free, but uncontrollable, causing excoriations of the vulva. After attending three weeks, the physician made an examination, and discovered an "ulcer" on the anterior wall of the vagina. Three weeks later a fistulous opening in the Vesico-Vaginal wall was observed, and in November last, three successive attempts were made to remedy the calamity by operation, with only partial success.

On March 16th, I examined the patient and could pass my fore-finger into the bladder, and proved the fistula to have a diameter of thirteen sixteenths of an inch. The urethra was cut off from the bladder excepting a strip of the superior wall, about the sixth of an inch in width.

At the second interview with the patient, she informed me that there was a stone in the bladder, which was readily perceived on the introduction of a sound.

On the 20th of March I proceeded, with the instrument of Mr. Civiale, to crush the stone. Several fragments were removed through the fistula, but owing to the position of the Calculus, in the pouch *e*, and the contraction of the bladder from the impossibility of keeping it distended with fluid, it was feared the manipulations would cause too much irritation, and the completion of the operation was deferred. In the course of this operation, some *fibres of cotton* were removed, indicating the character of the nucleus. The patient, on coming out of the anæsthetic state, informed us, that when the "ulcer" was discovered, a lock of cotton, medicated in some way, was applied, and she "*never saw it afterwards.*" The next day several small fragments of stone were discharged, and on the second day, a lock of cotton with fragments of stone attached, passed through the fistula. This nucleus, after being dried, was one inch and a half long, the greatest width five-eighths of an inch, and in thickness one quarter of an inch; the calculous coating was one-eighth of an inch in thickness.

The bladder was repeatedly washed out with tepid water, till it was

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evident no more fragments of the calculus remained, as none could be detected by the finger in the explorations.

On the 10th of April I attempted the closure of the fistula. In order that the patient should have the benefit of the anæsthetic state, she was placed upon her back. The hips were elevated, an assistant on either side supported the limbs, and held away the vulva, another assistant depressed the perinœum; for these purposes the instruments of Mr. Jobert de Lamballe, (of the *Hotel Dieu*) were employed. The mucous surface of the vaginal wall, for half an inch in width around the fistula, (including its edge,) was scarified, and the stitches entered one-third of an inch from these scarifications, including the muscular, without penetrating the mucous coat of the bladder. The "Clamp Suture" of Mr. Sims of Georgia,* was employed to hold the freshened surfaces in apposition. Threads of silk, (five in number) were first passed, then the silver wire was drawn through and fastened by means of the perforated shot, to slightly curved leaden bars one-eighth of an inch in diameter, the anterior being one and a quarter and the posterior one and three quarters inch in length. An elastic catheter was kept in position in the Urethra, by means of tapes attached to a band around the body, the external orifice being depressed by means of a bit of sheet lead, so that the urine could not be conducted back into contact with the wound. This was removed and cleansed twice a day for three days, and after that once a day—the vagina and vulva being cleansed every day with tepid water, by means of a Glister Syringe.

The patient was kept on her back. On the ninth day the stitches were removed, but I was convinced that after the *sixth* day there was no tension upon them. There was a spontaneous evacuation of the bowels on the fifteenth day. On the eighteenth day the catheter was removed, and the patient allowed to rise.

On the twenty-seventh day of the operation, the patient returned to her home perfectly cured, there being no evidence that a particle of urine had passed the wound since the day of the operation.

CINCINNATI, *May*, 23d, 1854. *Western Lancet.*

Reports of Cases by "Reform" Doctors.—It is amusing to read some of the reports of cases in the "Reform" Medical Journals, as communicated by doctors who are engaged in "reforming" medical science. For instance, a case of "gravel cured," is reported as follows. "A lady, about 65, had an attack of typhoid fever last fall. She was predisposed to erysipelas; was blistered on the hip for pain; blister raised; mortification followed, extending half way around the limb, say 12 by 14 inches in size. It healed up some; broke out again, and so continued for nearly one year. She came under my care. *I put her through a course of sprouts.* Rather up hill in its tendency, and, for variety, occasionally down hill. The sore is progressing, I hope to perfection. During this course, she passed one hundred gravel stones, the largest about the size of *three grains of corn*, (considerable pain for days. *She did not know where they came from.* White lumps of muco purulent passed

* Am. Journal Med. Science, January, 1852.

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through the bowels by scores, some as large *as a hen egg.*" In the same Journal, another of these doctors reports that his wife "stuck a brass pin in her leg, on the outside, just bolew the knee-joint. * * * * It inflamed, rose, broke and run; *all the muscles, from the knee down to the heel,* CAME OUT"! Here is another interesting case from the same source. It appears that *the* doctor was called to a young man who had been sick six weeks, and had all that time been attended by an "Allopath." The new doctor found his patient with high fever; flesh and strength nearly gone; hip-bones protruding through the skin, "*with his bowels running off every hour or two.*" He succeeded in healingthe sores about the hips and legs, and otherwise treated his patient "according to the directions laid down in your lectures upon diarrhœa" (referring to the editor, who is also a professor in one of the Physo-Medical Colleges); "but his bowels still run off." In this sad dilemma, he asks what is to be done?—Another old gentleman who has been a reader of some of the valuable works of these reformers, took it into his head that he would enter one of their colleges as a student, that he might be better able to treat his own case; but he thought, before he did so, he would *get the canker all out of his system, as he did not want to go there full of it.* So he took three or four courses of the professor's medicine, and felt so much better, that he has been able to treat himself ever since; which must be a great loss to the college—as the words, "A Disappointment," are the caption to the old gentleman's communication.—*Boston Medical and Surgical Journal.*

Treatment of Nœvus by Tartar Emetic Plaster.—(Lancet, in Amer. Jour. Med. Sci.)—Dr. Cumming read to the Westminster Medical and Surgical Society (Feb. 17, 1854) a paper on this subject. After alluding to the various methods that have been adopted in the treatment of these cases, and to the objections which apply to many of them, he stated that the most satisfactory cures had resulted from the inflammatory and ulcerative processes being spontaneously set in the tumours, and producing the obliteration of the enlarged vessels by suppuration. He then mentioned Mr. Hodgson's plan of vaccinating the tumours, for the purpose of exciting the adhesive inflammation, but regarded it as a doubtful method of cure, since, though the tumour might be studded over with punctures, only two or three vesicles might arise, and only a partial obliteration ensue. He suggested, therefore, the more effectual plan of treatment by tartar emetic, the method of applying which will best be illustrated by the following case: A child, aged nine months, was brought to him on account of its having lost a large quantity of blood from a vascular nævus on the right temple. The side and central portions of the tumour had been removed by the vaccinating process some time previously. Pressure and cold astringent lotions were first used unsuccessfully. He then determined to use tartar emetic, hoping that, as the eruption produced by this agent resembled that occasioned by the vaccine matter, it might succeed in obliterating the distended vessels. A compound of *fifteen grains of tartar emetic mixed with one*

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drachm of galbanum plaster was spread on a piece of thin leather, cut accurately to the size of the tumour, and applied to the nævus. On the third day inflammatory redness had occurred without causing much pain or irritation. On the seventh and eighth days, the pustules appeared, and, in order to secure as many as possible, the plaster had been pressed gently down over the pustules daily; until it was removed on the ninth day, at which time the eruption had completely involved the diseased structure. The pustules ran through their usual course, and in due time a slough was detached, and the ulcerated surface healed rapidly, the resulting cicatrix being scarcely noticed. Eight similar cases were then successfully narrated, in all of which the same simple method of treatment was adopted with like success, the only exception being in one of them where the cure was only partial, in consequence of the tumour having been situated too near the angle of the orbit to permit the free use of the tartar emetic plaster. In all the other cases, the scars which resulted were comparatively slight. He then exhibited a patient on whom he had thus operated for two nævi, one of which being situated on either brow; the cicatrices which had followed, though large, were not unsightly.

A Mesmeric Doctor's Diagnosis.—During the past week we have been consulted, by a patient who has some considerable pulmonary difficuty, and who had previously been under the care and treatment of a mesmerist. Not getting well within the time *promised* her by the doctor, or even improving in her health, she became dissatisfied with him and he was discharged. The diagnosis of her complaints presenting a fair specimen of the science usually displayed by these pretenders of the healing art, it may be worth alluding to. In the first place, the patient was told that her disease was a very peculiar one, and somewhat difficult to cure, although he could accomplish it by his method of treatment, which always proved successful. The poor woman's liver, he said, was covered all over with little white and red ulcers, and the *pipes which communicated with the liver and lungs* were in an awful condition; indeed, he had never seen so bad a case before. These pipes were nearly filled with ulcers, which, *would have to be healed up before she could begin to get well.* This patient had previously been treated by a Homœopath, which the mesmerist found out, and informed her that it would be necessary, in the first place *to get their medicine out of the system.* Now this sagacious doctor is overrun with practice, and has patients from all parts of New England. It is even reported that he receives more fees than any three physicians in the city. It is very humiliating, to be sure, but we may *console* ourselves with the fact that there is no remedy.—*Boston Med. and Surg. Journal.*

Ipecacuanha as an external application.—M. Delioux (*Journal des Connaissances,*) praises an ointment of ipecac as possessing all the advantages without any of the inconveniences of the tartar emetic ointment. If, he says, the powdered ipecacuanha be incorporated with some fatty substance, and the skin be rubbed for a few minutes with this mixture, a characteristic eruption soon appears. At first this consists of little florit papulæ, very numerous and often confluent; afterwards of true pustules, always of small dimensions, umbilicated, suppurating but little, and drying with rapidity, leaving no cicatrix. Here is the formula of M. Delioux.

R. Pulveris ipicacuanha, pars j.
Olei olivæ, j.
Adipis, ij.

In the cases of women and children, the ointment of ipecac, causing less pain, and leaving no indelible trace, may often be preferable to the antimonial ointment if their therapeutical properties are identical. *A priori* we should suppose that the ipecac ointment would be less energetic, since it produces less irritation; but perhaps it will prove sufficient, for nervous individuals particularly.—*Virginia Med. and Surg. Jour.*

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Observations on the medical virtues of some of the most prominent Indigenous Vegetables grown in Vermont.

NUMBER IV.

By Ariel Hunton, M. D.

DIAPHORETICS.

We are abundantly supplied in this region with vegetables, which are endowed with diaphoretic properties, some slightly, others in an eminent degree, so much so, that we are not in want of any foreign vegetables of this class.

The indigenous medicated plants ought to receive more attention from the medical profession, and they should use all that can be substituted for foreign drugs. Lobelia is as powerful a diaphoretic in my estimation, as any in the Materia Medica, and must be placed at the head of the class; it is not by itself a stimulant.

Eupatorium Perfoliatum,—*Thoroughwort* is much, and safely used as a diaphoretic; used in infusion, drank warm, *ad libitum*. It has tonic properties, is also an alterative; is in universal use in domestic practice. Although I mentioned this plant in my second article, I could not well pass it by, it being so useful a diaphoretic.

Anthemis Cotula,—*Mayweed* is in general use to promote perspiration, especially in eruptive diseases and colds. There is one objection to the two last articles, the taste is nauseous, and disagreeable to most patients.

Arctium Lappa,—*Burdock,*—the seed of this plant is by some thought to be the most reliable and less stimulating than any of the class. It is used in infusion, drank warm.

Asarum Canadense,—*Wild Ginger, White Snakeroot* is much used to open the closed pores of the cutis.

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Pinus Canadensis,—*Hemlock*—an infusion of the leaves of this tree is much used as a diaphoretic. This article and the last, are too stimulating to be used indiscriminately, but are quite useful where the febrile action is moderate.

All our mints are stimulating diaphoretics, and useful to restore checked perspiration, or at the commencement of a cold, to arrest a catarrhal fever.

Chenopodium Album,—*Pigweed;* an infusion of this plant will restore perspiration without stimulation or increasing the febrile action. All teas to restore perspiration, should be taken warm to be effectual.

DIURETICS.

There are many articles of this class growing among us, a few of which I shall describe. The sap of the sugar maple, when it can be obtained, is a prompt diuretic—it operates powerfully on the kidneys, will remove promptly *Ardor urinæ;* the micturition will be free and easy, and the urine clear, and deprived of its ichorous quality.

Erigeron Heterophyllum,—*Fleabane Prideweed.* Two species are in use in this vicinity as a diuretic, the disk of the blossom of both species are yellow, the ray florets of the above named are purple, or pale blue; those of the E. Philadelphicum are white. Both grow abundantly in our mow fields, pastures, and way-side. The medical properties of both are similar, an infusion drank warm will usually increase the renal secretion.

Fraxinus acuminata,—*White Ash.* This tree is placed in Botany in the Dioecious Class, the staminate and pistilate flowers occupy separate trees; the fruit, or pericarp, the part used, is found only on the female tree,—an infusion drank freely is a useful stimulus to the kidneys. The bark has a similar effect in a less degree.

Digitalis Purpurea,—*Foxglove.* This is an exotic naturalized plant; is in universal use as a diuretic. In cases where it is desirable to diminish arterial action this is a beneficial prescription, but if the object is merely to increase the renal discharge, the next article I will describe is preferable.

Asclepias Syriaca,—*Common Milkweed, Silkweed.* This plant bears a pod containing seeds, and a down resembling cotton, which has been manufactured into articles of wearing apparel in this State. The root of this article is the part used, and is a valuable addition to the Materia Medica; it is a safe and efficient diuretic, if the operation needs acceleration, add to the decoction, nitrate of potash or nitric æther, and take a wine glass full every half hour. By reference to my note book I learn,

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that May 15th, 1839, I tapped Mrs. P. of Johnson, and evacuated from the abdomen 14 quarts of fluid; I ordered her to drink freely a decoction of this root, which she used as occasion required, while living in this vicinity, which was some five years. She then moved to Ohio, and died of some other disease not now in my memory. Her health was such, while living in this vicinity, that she was able to attend to her domestic affairs.

Asclepias is also a diaphoretic, and in large quantities will operate as an emetic.

Galium Aparine,—*Cleavus* is an article of which I am in daily use in paucity of urine, or nearly all diseases of the urinary organs; to abate the irritation in venereal affections. It must not be boiled, but made in infusion in a closely covered vessel removed from the fire. To Oss. add ten grains Nit. Pot., a wine glass full every hour until relief is obtained, by an accelerated flow of urine.

Sambucus Ebulus,—*Dwarf Elder* is much used in domestic practice, and by those denominated *root doctors*, but little used by the faculty; it is a valuable article.

Sambucus Canadensis,—*Sweet Elder* has many medical qualities—the blossoms are a laxative and nervine, the bark and root are laxative, and eminently alterative, every part of the plant may be used as an alterative. It being so much more convenient to procure the root, I use that almost exclusively, and principally in a syrup for its alterative qualities, as I have used this with others for many years; I here insert the recipe.

ALTERATIVE SYRUP.

℞	Rad. Sambucus Can.	℔. j.
	" Rumex Crispus,	
	" Artium Lappa, a a	℔. ss.
	Leontodon Taraxacum (rad. et fol.)	℔. ss.
	Phytolacca Decan.	℥j.

The roots to be used green, bruised, and a decoction made with Cong. iss. of water, and sugar added to the taste, and in warm weather a small quantity of alcohol to preserve it.

If the habit is costive and the above does not obviate that symptom, add Cort. Juglans Cinerea, ℥iv. If the patient has a cough, spikenard and fir boughs may be added.

HYDEPARK, *October* 10, 1854.

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Dr. Denny's Theses.

WE made some remarks in the REPORTER for August last, (p. 371,) on an address read by Dr. A. Denny, before the Medical Association for the State of Alabama, and that gentleman complains that we have done him injustice, and claims the right of explaining his position on the points at issue. Having no desire to misrepresent Dr. Denny, we allow him considerable space in our present issue, in which, if we mistake not, our readers will find a more convincing proof of the correctness of our criticism, than we could possibly give.

The thirty-nine "articles" or theses, which follow, are not a moiety of what we have received from Dr. Denny, whose whole production reaches the number of ninety-two theses, only three less than were propounded by Martin Luther as the basis of his successful crusade against indulgences, and which eventuated in a glorious reformation. If a considerable number of our readers should express a desire to see the remaining fifty-three of these propositions in print, we may perhaps gratify them, although we think that we have allowed Dr. Denny as much space as he can reasonably ask.

Dr. Denny it will be observed, claims a profound respect for what he denominates religion, and it is against what we regard as his low views of religion and its divine author that we contend.

In the language of a recent writer, it would seem as if the battle of the evidences was about to be fought over again in the medical journals. The unity or plurality of the origin of the human race, types of mankind, geological theories and speculations, obscure physiological and psychological hypotheses founded on imperfectly performed experiments, with materialistic and rationalistic notions, are brought to bear, one after another, upon the truths of revealed religion. Be it so: every such attempt, like those hitherto made, will in the end but serve to establish these truths on a firmer basis, and put to shame and confusion those who oppose themselves to them.

Let those who are disposed, bring Deity down to a level with their own pre-conceived notions, or offer holocausts to science "falsely so called," but let them not occupy the time of medical societies, or fill the pages of medical journals with their speculations.

We presume that it is because the studies of physicians lie so much in the direction of natural and physical science, that their names are so frequently brought before the public as opponents of the truths of revealed religion. We hold that there is no tendency in these studies of themselves to lead to skepticism, and unless the mind of the student has a skeptical bias, we should rather expect to find in him profound reverence for those truths, and exalted conceptions of Deity.

It will be observed that Dr. Denny quotes scripture largely, yet in a private note he disavows any of his references as *proof*, or *authority*. Authority we must have, from some source—Archimedes must have a lever and a prop if he would lift the world; so, in regard to the point at issue, we

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would want something more stable than unaided human reason, a *point d'appui* that will be a reliable, an unfailing support. This, *we* recognize in the pages of Holy Writ—if therefore, we felt disposed to argue with Dr. D., and if our pages were a proper vehicle for such a discussion, we could not meet him for lack of a common ground to stand upon.

Far be it from us to find fault with any man for recognizing the Almighty *through* his works. Like

> "—The poor Indian, whose untutored mind,
> Sees God in clouds, and hears him in the wind,"

we would acknowledge Deity in them all. But it is against what we consider the error of seeing Deity *in* his works that we contend. These with the patriarch of old, we regard as "only parts of His ways" for "how little a portion is heard of Him," and "the thunder of His power, who can understand?"

It is to be regretted that Dr. Denny has burdened his text so with references. He has evidently taken great pains with his manuscript, which we believe we have followed literally. The references to sections above the fortieth, will come in place, should the remainder of the paper be published.—[Ed. N. J. Med. Rep.

Messrs. Editors:—Believing that you are not disposed to render injustice, either by omission or commission, to any person, or to any subject of consideration, we have concluded to *explain* ourselves, in *replying* to your notice of August, 1854. There being no personal acquaintance between ourselves and the author of the notice, we shall neither give nor receive any individual reflections. The *primary* (§18, 41, 42,) importance of the subject, and an imperfect command of imperfect language, may excuse the length of this communication.

Yours truly,

Suggsville, Ala., *Sept.*, 1854. A. DENNY.

§1. We do not expect, by this communication, to alter the opinions or beliefs of any such men as may have *committed* themselves to the 'dogmas of their age,' or to systems of *belief*, rather than have preserved and exercised that glorious liberty—that *inalienable* freedom—which certain knowledge of the truth (i.e. Science) ensures: (John viii. 32. § 13, 27, 44, 46, 47, 50–53, 62, 63, 86. 1 John ii. 26, 27.)

§2. Such men for instance, as those who have many, and discordant beliefs, with but little, if any, certain knowledge of who is, or where dwells God; or when, where, or in what mode He continually reveals Himself to man, (§44, 47–50, 69, 72, 88.) p. 23, 24, 29.*

*The pages appear to refer to Dr. Denny's address as published in the *Transactions of the Medical Association for the State of Alabama.* Mobile: 1854.—[Ed.

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§ 3. For, the *belief* (§13,) of such men, either practically predominates over what little knowledge they may have, or, the one so counteracts the other in *their* minds, that, while their belief prevents them from making the fullest possible use of, and from increasing their certain knowledge; their certain knowledge, at the same time, prevents the constant and practical exercise of their belief—(Jas. ii. 14–26.)

§ 4. Men, whose *faith* (§13, 16, 17, 44, 45,) is without corresponding works, and DEAD; particularly as regards the *actual* omnipresence (Gen. iii. 4, and iv. 16,) of God—men who treat *His actual and continual presence* with *practical* (*but not professed*,) disregard, or even denial (§ 44,) or, still worse, with virtual contempt. (§72.)

§ 5. We do not expect to alter the opinions of men, who, not realizing distinctly and *discriminately* (pp. 21, 22, 25,) what is Science, or even what is the present progress of the human mind in Science, object to all such persons as may point out *any proofs*, that Science is different, in any respect, from their individual conceptions.

§ 6. We do not expect to alter the opinions of *any such* men; and wish not uselessly to incur their maledictions by (p. 20) attempting it: but we *do* expect to correct *some* of the misapprehensions, which may be occasioned in the impartial minds of the readers of pages 371 and 372 of the N. J. MEDICAL REPORTER for August, 1854, respecting an Address, which they have had no opportunity to read: and we *do* expect to exercise the senses and capacities which God has given us, *with* that glorious freedom which He has made inalienable.

§ 7. As for ourselves, we have not the least desire to "magnify Science" in the least, even were it possible, but we *do* desire to have the fullest possible knowledge of what is actually "the magnitude of Science" "in its fullest sense." (p. 19, 22, § 89, 90. Ps. xxvii. 4.)

§ 8. However, *we* will not *insist* (p. 21) that Science, certain knowledge, known truth, or even all truth, (both known and unknown to us,) has any magnitude at all, provided, any person will fully, precisely, and *discriminately* define, (not what is Science "in its fullest sense," but) *how much of* infinite Science, the human mind is, by Omnipresent Omnipotence, rendered *capable* of understanding. (p. 22. 29. Jer. ix. 24.)

§ 9. The full extent of this *capacity*, however little or great, when *fully* developed by practical exercise, may be called the full *measure of* (p. 22, *not* Science "in its fullest sense," but) Finite Science.

§10. (Whosoever fails to exercise and develope this Godlike (p. 29, § 8. Gen. i. 26) capacity, is guilty of a *very* great sin of omission; next perhaps to the sin of *wilfully* disregarding the *continual* demonstrations

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of the ever present God; the unpardonable nature of which, we can *easily understand if we will.* (1 Cor. xv. 35–37. John xviii. 37. Heb. vi. 1–6 and x. 26).

§ 11. The lowest extreme of Finite Science may, *without the least intervention whatever* (§ 65), and *constantly*, be enjoyed by *every* rational being, who certainly knows any thing at all, while the highest (p. 29. §12.) extreme is beyond our precise knowledge: but this much *we know*; that it *must* be originated from, and *a part of*, Infinite Science.

§ 12. In proportion as *belief* is displaced in us, by certain knowledge (§ 44) or Science, in the same proportion is developed our likeness to the Deity—in the same proportion is the ever present Deity unshadowed and enthroned in us (§ 26.), in WHOM neither Faith nor Hope can for a moment abide. (§ 60, 61.)

§ 13. He is Himself alone (without any intervention whatever (p. 24.) not even of language, (p. 21. § 43, 48, 52,) either written (Jer. viii. 7, 8,), or spoken) *continually* (§ 46.) presenting to *every* man His demonstrative proofs, and has given to every man capacities of observation *discrimination*, and understanding; *so that, every* man may (*not believe;* but,) for himself, *know and understand* God, independently of human interference. (Jer. ix. 3, 4, 24, § 4, 16, 17, 59, 63, 71, 72, 90.)

§ 14. ☞ The sum total of the design and import of the address was, to invite attention to God's irresistible demonstrations of these (§ 10–13.) important truths; and at the same time entreating, not only *all* professors, but (p. 20) *all men* to profit themselves and others, by the fullest understanding of, and *practical conformity with*, this all-wise, good, and great order of things, which God ever present has established; and is *continually* (§ 46, 47) presenting, *as He alone can* present, to "*every* man that cometh into the world." (John i. 9 and 6, 45. Tit. ii. 11, 12, 1 Cor. xii. 7.)

§ 15. If there be anything in this order of things, or in a knowledge of this order, which is "narrow minded," exclusive, skeptical or "unworthy the age and country in which we live," it *cannot* be charged against *any man;* and we presume that no man, of sound mind, will *dare* to make such charges against the ever living and actually present God; who is no respecter of persons, but who is the same yesterday, today, and forever. (Jas. iv. 11, 12).

§ 16. Lives there a single man, with "views and sentiments *so* narrow minded, unbecoming *a physican*, and *so* unworthy the age and country in which *we* live;" *so* destitute of reliance upon Omnipresence, as, *before* he knows and understands a ten thousandth part of His demonstrations,

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to *assert* that these demonstrations are "unworthy" of our attention, knowledge, understanding, and UNDOUBTING (§ 13,) RELIANCE! Lives there a skeptic *so* corrupted, blind and hardened, as *dare* assert it! (§49).

§ 17. THIS KNOWLEDGE AND UNDERSTANDING IS SCIENCE; THIS RELIANCE IS TRUE AND UNCORRUPTED RELIGION. (§ 13, 44, 68.)

§ 18. Why have we not *this* reliance? Because we have not, and *will* not have, *this* knowledge. (§ 41, 42, 44, 53, 72.)

§ 19. What OTHER religion can make us averse to *this* religion? But a religion, which is actually, and necessarily, fallible, corruptible, and corrupted! (§ 17, 20, 22, 44, 46, 53, 61, 66, 42.)

§ 20. Does not the ever present God *continually* (§ 47,) offer to each and "*every* man," who is *willingly* led captive (p. 24) by vague (§ 41–43, 53,) assertion and vain (§ 46, 47, 51,) authority, the plainest and most indubitable *proofs*, (§ 39, 72,) that his religion is corrupted, and therefore false! But the *willing* captive *will* not (p. 19, 20,) attend to His *proofs! will* not resume that glorious liberty (which he may have never exercised,) which God has made inalienable.

§ 21. It is not enough that men are naturally religious: *they need also*, the actual and MANIFEST presence of God; for without the light of certain knowledge, they darkly grope in a maze of uncertainties, and lead each other far astray (§ 39, 44, 72.).

§ 22. We *observe*, that such religious persons run into the extremes, either of "zeal of God, but not according to knowledge," (Rom. x. 1, 3.) by blind devotion to *their own* imaginations; or the other extreme of cold and slavish dependance on bare assertions and empty authority. (§ 47, 51.)

§ 23. Such men, *starting* with the best intentions, injure themselves with all whom they may influence; and bring discredit upon their own corrupted, as well as upon "true and uncorrupted religion" (§17,) *in the eyes of* those who are equally ignorant of "uncorrupt religion," but less corrupted by counterfeit religion.

§ 24. We are not aware of *any* "views and sentiments *so* narrow minded, unbecoming *a physician*, and *so* unworthy the age and country in which *we* live," as those which would *neglect to encourage every* body to perceive and acknowledge, *both* verbally and *practically*, and *on all occasions*, the ever present author of *every* branch of science, whether that science be humanly called political, legal or medical: we make no mention of clerical (!) science; for *every* so-called branch of science, is properly theological and religious.

§ 25. Priests, and all other human leaders in so-called religious author-

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ity, may be acceptable to all such as merely profess *to believe* in (§12. 13.) a "God high up in heaven;" but the ever present God Himself is *all sufficient* to those who *know* and daily walk with Him—in all their thoughts they rejoice in the actual presence of God *manifest* (§72,) to them (p. 24, 28,). Their consultations are with *God* ever present, *rather* than with man, or man's productions—*they never lose sight of* the only true and ever present God, WHOM, others, blinded by *their so called faith* (§ 44, 72,) prejudice, and corrupted ignorance, *have never seen.*

§ 26. Others may speak to them (§ 49, 50,) *respecting* the invisible God of their belief! but they *prefer* to commune *directly with* God, *ever* actually and *manifestly* present. (Job xlii. 5, 6.)

§ 27. A constant communion directly with Omnipresence, is not only our *greatest possible* good and happiness, but our *greatest possible* and *only infallible* (§ 88,) *security*, against the numberless corruptions, snares, and delusions, with which corrupted men, and men's books, of every age, language, and religion, would divert us therefrom—the act itself is a total defeat of their corrupt designs. (p. 24.)

§ 28. We are not aware of *any* sentiments *so* exclusive or sceptical, as those, which would *practically*, if not professedly, reject the plainest incorruptible demonstrations; and such demonstrations as no other but the ever present God can display; and instead thereof, would persist (§ 63.) in adherence to *necessarily corrupted* systems of *belief.*

§ 29. We confess to the "view," that an invitation toward a full understanding of these exhibitions of the ever present God, is not unbecoming any man, not even *any* physician, nor even any Medical Society, for God Himself (p. 23, 29,) is *ever* extending this invitation to "*every* man that cometh into the world."

§ 30. In justice to the *true professors* (we deal not with the quacks; p. 20, 24,) in law and theology; or rather, in justice to ourselves before them, the notice has made it desirable to quote one sentence from the address. (p. 25.)

§ 31. "We cannot but *observe* that *all* legislations and all religions, of whatever age or nation, are, by reason of their authority over the masses, most powerful instruments for good or evil; for good, in proportion to their consistency with the teachings of science—for evil in proportion to their inconsistency with these instructions," (held out directly by the ever-present God: p. 23, 24.)

§ 32. There are other sentences of similar import, in the abridged print, (p. 20, 21, 22, 29,) and still others in the unabridged manuscript.

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§ 33. *If* there *really* be any other *possible* (§ 11, 13, 16, 17,) source of certain knowledge—any other means of enlarging, purifying, and enlightening the mind of "*every* man that cometh into the world," of whatever age, language, or country; *other* than the *continually* (§ 46,47,) repeated demonstrations of Omnipresence; will some *one* who may or may not be "narrow minded," &c., graciously refer us to them! Not authoritatively (p. 24. § 47, 50, 51,) nor by bare assertion; but in the same (§ 41–45, 47,) scientific, and therefore *satisfactory* manner, mode, or order, as that, in which Omnipresence is ever presenting *His demonstrative proofs*, directly to *every* man, who is *willing* to observe and understand them!

§ 34. Vain, corrupted, and presumptive ignorance! *all* demonstrative proofs, on all subjects whatever (§ 48, 50,) are wisely withheld from all human touch, and displayed *only* by Omnipresence Himself. (§ 90.)

§ 35. It may be perceived that *we* place no great *comparative* value, even upon such "sentiments" or *beliefs*, which *are* "according to knowledge;" and that we abhor all sentiments, opinions, or beliefs, which are *not* founded upon certain knowledge.

§ 36. We are not aware of having presumed to express, for the scientific man, *but one* "opinion—subject however to correction (but not to oppobrious epithets)—that the reality constitutes, without a single exception, the only foundation for the development of truth," (p. 24,) for this expression, we hope to be pardoned; since it was intended merely as a generalization of *all* the "views" or "*observations*" (p. 20,) which constitute the address; for the benefit of such as might be subject to "giddiness and confusion in the head." (p. 25.)

§ 37. We entreat the writer of the notice, for the sake of his own painful feelings, to cut out either page 21, or the lower half of page 24, and carry it in his pocket, till some favorable moment when there shall be no ill humour, nor "confusion in the head" and *then*, if he *will* read it *again*, he may discover, that, not any part of the notice is applicable either to any part of the address, or to its author.

§ 38. This unreserved and general reply to the general and *indiscriminate* charges which constitute the notice, might be deemed sufficient; but in a spirit of justice to the importance of the subject, and to all "disciples of science," we wish to further explain; and to show to them that *every* charge, of which the notice is constituted, happens to be refuted in some one, or more than one, part of the address itself!

§ 39. That *no part* of the notice may be neglected, we will remark, that we are not at all surprised at the pain (p. 19,) which is so promi-

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nently advanced, as the vanguard of the main body of objections; for we have long since known men (who firmly (§ 63,) *believed* themselves to be, and were popularly *thought* to be, *uncorruptedly* religious,) to say that, they, "were exceedingly pained" at "the dispensations of Providence," while fulfilling *His* (John viii. 17. and xvi. 25. Jer. ix. 4, 24.) law; rather (Jer. viii. 7, 8, 22. § 75, 83, 85, 89,) than at *their own misconceptions* (§ 72. Gen. ii. 10. 1 Cor. xv. 36, 37,) and disregard of His law.

PROCEEDINGS OF MEDICAL SOCIETIES.

Extracts from the Minutes of the New York Pathological Society.

SEPTEMBER 13, 1854.

Dr. Dalton exhibited the rectus femoris taken from a person who had died of phthisis. Throughout its extent between the muscular fibres, were observed minute white specks about half the size of a pin's head. The microscope showed them to be specimens of the trichinis spiralis. They existed in smaller numbers in most of the other muscles. They are not perfect animals, having no sexual organs, either testicles or ovaries. They are probably only the embryo of other entozoa.

Dr. Dalton exhibited a specimen of the Surrinam toad; its back studded with cells from which its young had been recently hatched. When the eggs are laid, they are attached to the back by mucus. The skin immediately becomes hypertrophied, nearly enclosing the egg. The orifice of the cells thus formed, is closed by a tenacious gum resembling isinglass. Here the eggs are hatched, soon after which, this *uterus upon the back* disappears, the skin again becoming smooth.

Dr. Post exhibited a tumour, removed from over the lower part of the patella of a female patient. It was a thickened and altered bursa, a fibro-cartilaginous cyst, containing a curdy matter. It began to grow three years ago, and had been gradually increasing in size since. The integument over the tumour which had ulcerated in part, was one fourth of an inch thick. The patient has done well since the operation, ten days ago.

Dr. Church presented the hand of a boy aged 14 years. Amputation had been performed on accouut of an irregular tumour about 6 inches in diameter, nearly imbedding the hand. At 2 years of age the boy

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had fallen, injuring a finger. A small tumour remained. At 11 years of age he again received an injury of the hand, from which time the tumour began to increase in size. It was accompanied by little pain, chiefly from its weight. A few weeks since, ulceration occurred to about the depth of an inch. Amputation was performed at the wrist, and the boy who had been previously in good health, is now doing well, the wound healing kindly.

Dr. Post thought from the duration of the disease, the uniform expansion of the tumour, and the boy's good health, that the tumour was not malignant.

(*Dr. Dalton*, to whom the tumour was referred for microscopic examination, in his report at a subsequent meeting confirmed this opinion.)

Dr. Finnell exhibited the bladder of a man aged 60 years, who had died at St. Vincent's Hospital. For 5 years past he had complained of pain in the region of the kidney, and suffered pain on micturition. Five weeks before death, suppression of urine occurred. The catheter could not be introduced. Three days before death, he was admitted to the Hospital. He obtained no relief. Examination *post mortem*. The bladder was sacculated, presenting three divisions. A small fibrous tumour existed over the orifice of the urethra. The pelvis of the left kidney was filled with pus. The cortical portion was disorganized.

Dr. Baüer exhibited for Dr. Sayre, the pelvis and femur of a girl, aged 19 years. She was of scrofulous diathesis, and three years before had inflammation of the hip joint, excited by a fall. She was submitted to harsh treatment by an irregular practitioner. At death there was found shortening of five or six inches, but only *apparent* dislocation. Dr. Baüer had never seen a case of spontaneous dislocation.

SEPTEMBER 27, 1854.

Dr. Post exhibited a tumour which he had removed from the upper part of the neck of an unmarried female, aged 25 years. The tumour, before its extirpation, seemed to be about three inches in diameter, was hard, and had a slight degree of mobility. It was situated at the angle of the jaw, and close to the mastoid process. It had been growing nearly three years, and had occasioned pain, but not severe or constant. The operation for removal was prolonged by the numerous and firm attachments of the tumour to the angle of the jaw, the os hyoides and especially to the transverse processes of the cervical vertebræ. It was also intimately connected with the deep vessels of the neck, and with the

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pneumogastric nerve. The carotid artery and jugular vein were tied below the tumour and divided above; the coats of these vessels were transformed so as to form part of the tumour, not merely passing through it. In consequence of this incorporation of the coats of the vessels with the tissues of the tumour, it was thought best to leave a portion of the tumour as large as a walnut. The remainder was removed. The operation was two hours in progress, during which time the patient was kept under the influence of ether. Towards the close of the operation the pulse flagged a little, but rallied well after its termination. The tumour was not quite so hard as ordinary scirrhous. It was referred to Dr. Dalton for examination.

Dr. Markoe, who had witnessed the operation, said that the vessels were evidently a part of the tumour, and could not be separated from it.

Dr. Sayre had seen a similar case under the charge of Dr. Meyer, in which the vessels were incorporated with the tumour. The disease returned after the operation, and was unquestionably malignant, involving the adjacent vertebræ.

Dr. Sayre presented the sternum, and parts of the 7th and 8th ribs, removed after death from a female patient, who furnished the following history. She had visited Dr. Sayre five months before. At the left of the sternum was a small sore connected with an abscess of the size of a teacup, which crowded the sternum backward. A probe introduced through the sinus, discovered necrosed bone. Eighteen months previously, the patient had fallen heavily on her back, and soon after perceived a swelling about the sternum. Iodine had been applied to promote its absorption. The patient did not comply with the advice given her, and she was lost sight of for several months. Being recently called to her, Dr. Sayre found that the walls of the abscess had sloughed. The 7th and 8th ribs were shown to have been separated from their cartilages at the sternal end, and their free ends being moved at every respiration, kept up great irritation in the ulcerated surface. A portion of the 7th and 8th ribs was removed with a piece of the sternum which was necrosed. The patient at this time complained of tenesmus, with only, however, a mucous diarrhœa. She was relieved by opiate suppositories and tonics. A few days after, acute pain was felt in the abdomen, and in eight hours, death occurred. Examination *post mortem*. No communication existed between the cavity of the abscess and the peritoneal cavity. Throughout the abdomen were old peritoneal adhesions. There were also the products of acute inflammation in the cavity, mingled with fecal matter. Just below the sigmoid flexure of the colon,

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was found an ulcerated opening caused by the pressure of a large fibrous tumour of the uterus.

Dr. Sayre exhibited the heart of a man to whom he had been called in haste, and who he found had died three minutes after he was sent for. The patient, aged 36 years, had been for three or four years liable to what he considered attacks of asthma. He suffered, especially from these attacks of difficult breathing while *in the city*. He had driven in from the country, some 10 miles, the day before, and had been somewhat excited during the ride. Through that day and the following one he had spoken of occasional pain in his chest, placing his hand over the precordial region. He was obliged to sit up all night from dyspnœia, not being able to sleep. During the day of his death he had kept generally quiet, though he had walked several blocks. While reading at night, a change in his appearance was noticed, and before help could reach him he died. Examination *post mortem*. Percussion was dull over the whole of both lungs. On opening the chest, the lungs were found crowded with blood. No evidence of former inflammation of pleura or lungs existed. The heart was flabby, and its walls thin. The mitral valves were imperfectly closed, but were in no other respects diseased. The other valves were perfect.

Dr. Sayre presented a mamma removed for supposed scirrhous tumor from an unmarried female. There was no retraction of the nipple, or cancerous look, or constitutional disturbance. But the almost stony hardness of the tumour led the gentlemen in consultation to pronounce it malignant. On cutting it open after removal, the tumour was found to be a highly distended serous cyst!

Dr. Finnell exhibited a portion of the ascending colon taken from a man knocked down in Broadway by a cart wheel, which however did not pass over him. He was stunned, but in a few minutes recovered and walked home. He was soon after taken with pain in the right side, and vomiting, which continued until death, thirty hours after. Examination *post mortem*. The peritoneum was of a scarlet color, but contained little fluid. The colon was ruptured about six inches above the caput coli.

Burlington Co. N. J.—A quarterly meeting of the District Medical Society for the County of Burlington, was held at Mount Holly on Tuesday, October 11, 1854.

In the absence of the President and Vice-President, Dr. Coleman was

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called to the chair. The President however, assumed the duties of the chair before the Society adjourned. Dr. Butler was appointed Secretary *pro tem.*

Drs. Price of Tuckerton, and James M. Bean of Juliustown, were unanimously elected members of the Society, and Dr. A. D. Chaloner of Burlington, was proposed for membership.

The following resolution was passed unanimously.

Resolved, That the Secretary of this Society be instructed to address the Secretaries of the several County Medical Societies of the state, cordially inviting their members to meet this Society as its guests, at its Annual meeting in January next.

Adjourned till two o'clock.

On reassembling, the Society resolved itself into a committee on business for the Annual meeting.

The following subjects were proposed for discussion on that occasion.

1. An inquiry into the origin of Dysentery.

2. Are there any circumstances under which Cholera may be contagious? and

3. What is the most rational treatment of Cholera?

Members present—Drs. Page, (Pres't.) Stratton, Read, Coleman, Budd, Longstreet, Elwell, Reid, Young, Martin, Pugh, E. B. Woolston, and Butler.

Adjourned to meet at Humphrey's Hotel, Mount Holly, on the second Tuesday in January next.

S. W. Butler, *Sec. pro tem.*

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BIBLIOGRAPHICAL NOTICES.

HEALTHY SKIN:—*A Popular Treatise on the Skin and Hair—their preservation and management, by* ERASMUS WILSON, F. R. S. Author of "A Treatise on Diseases of the Skin," "A System of Human Anatomy," &c., &c., &c. Second American, from the fourth and revised London Edition, with illustrations. Blanchard & Lea, Philadelphia, 1854. pp. 290.

The distinguished author of this volume, has presented the profession, not only—but the public, with a valuable book in his "Popular Treatise." Its object is to convince people of the importance of being, and keeping clean, and to teach them how to do so. The matter of cleanliness is urged as a necessity, in the prevention of contagious or infectious disease,—and, the author presents instruction, in a lucid and simple manner, teaching at the same time the anatomy and functions of the skin, and including within the range of his observations, many practical remarks on the phenomenon of animal temperature, and the best methods of sustaining it. Subsidiary to this, the question of diet, clothing, exercise, &c., claims a share of notice. While certain diseases of the skin—warts, and corns—and those disorders affecting the hair and hair tubes, baldness, ring-worms, &c., are disposed of in a familiar style, that is alike attractive and useful. The illustrations are not very numerous, but sufficiently so, to add force to the descriptions. Figure 49 represents a section of a wart, the enlarged papillæ of which rise up like the Andes, one above another, and a frightful, huge picture is made of an insignificant excrescence, so common, and mostly so harmless as the common wart. To those who would avoid the painful sense of a bald head, or crippled feet, we would cheerfully recommend the "Popular Treatise" before us. P.

THE PRINCIPLES OF ANIMAL AND VEGETABLE PHYSIOLOGY; *a Popular Treatise on the functions, and phenomena of Organic Life, to which is prefixed a general view of the great department of human knowledge.* By J. STEVENSON BUSHNAN, M. D., Physician to the Metropolitan Free Hospital, etc., etc., with one hundred and two illustrations on wood. Philada.: Blanchard & Lea, 1854. pp. 234.

Here is another "Popular Treatise," much more diversified than Wilson's, embracing a variety of departments of human knowledge, with their uses, and connexion with each other. The plan of the book strikes us as entirely novel. In a small compass, an outline is given of

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the chief characteristic of life in plants, and animals, with their dependence on the mineral kingdom; thus uniting the organic and inorganic worlds in a mutual relation and dependence, that is alike instructive and agreeable.

The work of the anatomist, in reducing the organs of the body to their various component textures, of the chemist in evolving their ultimate elements, and of the physiologist, in comparing and classifying them, is made serviceable to the author, in the way of narrative and description—while the reader is afforded the opportunity of taking a general view of the field of inquiry, as it is spread before him in the collateral Sciences, and as is shown the great leading principles which ought to guide him to their pursuit. The illustrations, embrace a great variety of figures, from a geometrical diagram, to a quartz and diamond crystal; and then the artist has taken a leap down from a Planetary Orbit, to a view of the Thoracic Duct in Man. Fat vesicles and red corpuscles are then presented, with plans of the circulation in the fœtus, and in mature manhood, till the reader is let down gradually to contemplate the blood apparatus of lobsters, spiders, and the meaner insects, the eyes and ears of owls,—the heads and eyes of bees,—the suckers of flies, and the bill and tongue of the wild duck, &c., &c. In the way of sound-producing apparatus,—there are exhibited the organ-tubes of the camel, horse, opossum, cat, fly, bee, &c. Altogether this little book is most curious and interesting! Who will not desire to read it! P.

Auscultation and Percussion. By Joseph Skoda. Translated from the fourth edition, by W. O. Markham, M. D., Assistant Physician to St. Mary's Hospital. Philadelphia: Lindsay & Blakiston, 1854.

Skoda's Auscultation and Percussion has excited a good deal of notice, and criticism. Being of the German School, his views are looked upon by some perhaps, with distrust—while by others, who are more or less *saturated* with German theories, because they *are* German, a degree of enthusiasm marks the welcome given to his views. He writes in a suggestive style, and to the thoughtful mind, there is much material that may be used to profit. There is not such minute detail, as might have been expected from Vienna; not so much mysticism, resulting from a rather fashionable style of continuous subdivisions, as might have been allowable in a German Philosopher, and on this account, the work is deserving of credit. There are, however, some seeming inconsistencies, which it is rather difficult for a plain Yankee to comprehend, while the frankness and confidence with which they are presented, entitle the author to a patient hearing, and his views to a careful analysis. The work has the merit of originality, shows the genius of its author, and cannot be without its value; but whether the views presented by Skoda, in opposition to those of the distinguished Laennec, will be confirmed by the brighter light of Science, and the experience of auscultators at this day, is yet to be proved. The subject is one of interest, and the publishers have offered it in good type, and paper, so that it may be easily read.

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THE PRINCIPAL FORMS OF THE SKELETON, AND OF THE TEETH. By Professor R. OWEN, F. R. S., &c. Author of "Odontography," "Lectures on Comparative Anatomy," "Archetype of the Skeleton," "On the Nature of Limbs," &c., &c. Philadelphia: Blanchard & Lea, 1854.

We have but little to say of the book before us. It is one of a series of popular works published in London, entitled "Orr's Circle of the Sciences." This treatise, written by an eminent Osteologist, having been deemed sufficiently meritorious to take an independent place in the literature of Science, is presented by the publishers in its present form. As is indicated by the title, it covers a range of inquiry, and research, which is measured only by the limits of comparative anatomy, in its relations to vertebrated animals. The frame-work of the body, in its different forms, and the history and principles of osteological discovery and development, in the composition, classification, growth and adaptation of the skeleton in its several divisions, forms a prominent feature of the work. It abounds in matter interesting especially to the student of Geology and Zoology, and will, no doubt, be properly appreciated.

P.

A MANUAL OF HUMAN MICROSCOPICAL ANATOMY. By A. KOLLIKER, Professor of Anatomy and Physiology in Wurzburg. Translated by GEORGE BUSH, F. Q. S., and THOMAS HUSDLEY, F. R. S. Edited, with notes and additions, by J. DA COSTA, M. D. Illustrated by three hundred and thirteen Engravings on Wood. Philadelphia: Lippincott, Grambo & Co., 1854.

The study of the elementary structure of the human body, by means of the microscope, being at this day essential alike to the physician, and student, such a work as the one before us, is a desideratum greatly to be valued. The most important disclosures of the microscope belong to the present century, having resulted in defining the tissues, in their ultimate structure and functions, as well as their minute pathology—and within a few years only has the great Cell Doctrine, which is now recognised as the foundation of all our knowledge with reference to organization, and development, been presented by the illustrious Schwann; and while these efforts are being continued and multiplied by our author, Carpenter and others, the early mantle of Malpighi Leeuwenhoek, Aristotle, Galen, Ruysch, Swammerdam and others, that has fallen upon them, may not be removed: but all who have labored to make this instrument subservient to the progress of medicine within the last two centuries should receive their meed of honor and praise, from the friends of Science.

A description of the work is unnecessary. Its title describes it. It is a manual of human microscopical anatomy. The reputation of its author, is a sufficient guarantee of its respectable authority. P.

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EDITORIAL.

PHYSICIANS OR POLITICIANS?—THE OFFICE OF CORONER.

A physician has recently vacated the gubernatorial chair of the State of New Jersey. Two physicians have just served out their terms as representatives in Congress—another now holds an office in one of the departments at the seat of government, while still another has just returned home from a field of public service, disconnected with his profession. And now in four of the five Congressional Districts of this State, the names of medical men are before the people for their suffrages. Such is the relation the medical men of New Jersey hold in respect to politics. How it is in other States, we have not the means of knowing, except that from a remark in the papers, we learn that in Delaware it has become "quite fashionable" to bring forward the names of physicians for office.

What is the lesson to be learned from this exodus from medicine into politics? Are the ranks of medicine so full, that "young physic" crowding on the heels of old, drives him from his position into the arena of politics for refuge? It cannot be emolument that is sought, for, it seems to us that an established physician would be poorly paid at three, five, or even "eight dollars a day." And as to toil, are not the labors of a conscientious politician quite as onerous as those of the physician? If then it is, the *honors* of office that are sought, we ask, what is more honorable than the office of a physician—what more to be desired than the confidence of communities and families, at those seasons when the objects of their affection are stricken down by sickness, and in danger of dissolution?

Circumstances may sometimes make it the duty of the physician to accept the trials and responsibilities of office, when they are thrust upon him, if he can afford to do so, but we protest against his putting himself foward as a scrambler in the donkey race after the empty spoils and honors of office. He cannot come out of the fray without having his garments soiled, if not his sensibilities blunted by the contact. Few men can make good physicians, and good politicians. One or the other they must be, as the duty of either, if properly performed, will tax all

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the time and energy of a man; and it is poor policy for a community to elect a good physician, to an office, which he may hold perhaps, only long enough to ruin him as a practitioner of medicine, while it may be, little or nothing is gained by his election.

There is, however, one office in the gift of the people, which we hold should, for obvious reasons, always be filled by a physician. We refer to the office of CORONER. The election of a physician to this office, so far from being a rule, is a very rare exception. The duties of a Coroner are often of such a nature as to require a knowledge of anatomy, physiology, and other branches of medicine, in order that he may form an intelligent opinion of the case before him, and if he is not possessed of these acquirements, he must either *swindle* a physician out of the necessary information, or pay him for it. We believe the former is the course usually adopted. If the physician is paid, (*and he ought in such cases always to demand payment,*) he is paid out of the public purse, and not out of the pocket of the Coroner who has been elected to an office he is incompetent to fill. Thus does the public pay two men for labor that should be performed by one.

AN INVITATION.

WE are gratified with any movement, the result of which, will tend to increase the intercourse between physicians. As "iron sharpeneth iron, so a man sharpeneth the countenance of his friend." The more medical men commingle, the more diffused will be the sum of medical knowledge, for the intercourse of intelligent men must be mutually beneficial.

In this view we hail with satisfaction a movement recently set on foot by the District Medical Society for the County of Burlington. By reference to the proceedings of this Society on a preceding page, it will be seen that at its last quarterly meeting, a resolution was unanimously adopted, inviting the members of the various District Medical Societies of the State to meet that society as its guests, at its annual meeting, on the second Tuesday, (9th) of January next. It will be observed that on that occasion the "bill of fare" will include a question as to the origin of Dysentery, and some important inquiries in regard to Asiatic Cholera. It is expected that the guests will use their option in regard to partaking of this portion of the entertainment, as the "largest liberty" will be allowed.

As we understand it, the object of the resolution is to establish a pre-

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cedent, which it is hoped will result in the frequent interchange of good feeling, not only between the medical men of this State, but among those of others also. There is no profession whose rights and interests are so much encroached upon, as that of medicine, and the more united its members are in feeling, the bolder will be the front they will present to the army of deceivers by which their path is beset. Anything, therefore, that promises to develop fraternal feeling, meets our hearty approval; only let these social gatherings—whether stated or special—be something more than mere convivial parties: let there be a "feast of reason" as well as a "flow of soul," so that the intellectual man will be a partaker of the benefits of the meetings. For, let it not be forgotten, that all medical society meetings are failures, in which pains are not taken to impart and receive instruction on medical subjects.

We hope to see a full representation of the profession at Mount Holly, in January next.

ETHNOLOGY.

If the scientific studies of the present day are characterized by any one thing more than another, it is their tendency to investigation into the natural history of man. It is a noble study if pursued in a right spirit, but unfortunately some theorizers are endeavoring to make the discovered facts square to their own pre-conceived notions. A recent publication—Types of Mankind—is a type of this class of investigators. That work, although considered by some as almost beneath serious criticism, is yet calling forth able reviews which will throw much light on this important and interesting subject.

In this number we copy an excellent article on the cranial characteristics and powers of the human race, to which we call the attention of our readers. There are some statements, however, on page 486 in regard to the Indian race, that we cannot subscribe to. If Dr. Hunt takes the New York and Canadian tribes as types of the Indian race, he does injustice to the south-western nations. According to our observation, the latter are a far superior race to the former. The white race *does* amalgamate extensively, readily, almost naturally with them, while they hold the African race in greater abhorrence, as far as amalgamation is concerned, than do the whites. This we can testify to, as we have *seen* it. We wish that ethnologists would study more into the national peculiarities of such tribes as the Cherokee, Choctaw, Creek, &c.

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PHYSICIAN'S VISITING LIST FOR 1855.

WE have received from the publishers, Lindsay & Blakiston of Philadelphia, a copy of this indispensable pocket companion. We say, *indispensable*, for no one who has once used it, would be willing to do without it for a single day, if a copy could be procured.

To those who have not seen the work we would say, that it contains an Almanac, a table of Poisons and their Antidotes, and blank leaves for a Visiting List, Memoranda, Addresses of Patients, Nurses, &c., Accounts asked for, Memoranda of wants, Obstetric and Vaccination engagements, List of Articles lent, &c. The "Visiting List" is prepared for twenty-five and fifty patients per week: with tuck, or without,—price fifty cents to one dollar. *By all means procure one.*

☞ A copy of Drake's work on the principal Diseases of the interior Valley, second series, has been received from the publishers, Lippincott, Grambo, & Co., Philadelphia, and will be noticed in a subsequent issue.

IN the *Southern Journal of the Medical and Physical Sciences* for July, an article is copied from the *Western Journal of Medicine and Surgery*, entitled "*Hysterical Monomania,—Ideal Maladies,*" by I. P. Coleman, M. D. The *Western Journal* should have credited the article to the NEW JERSEY MEDICAL REPORTER. In looking over our files of exchanges, we are very often flattered by seeing articles copied from this Journal, but have on several occasions observed an omission to give due credit to the source from whence they come. In one instance we now recall to mind, out of 40 pages of matter in a journal, 23 were taken from the REPORTER. In another out of 30 pages, 11 were taken from this Journal. This is all well, so long as due credit is given us. We are conscious of but one recent omission of the kind, which was in the July number. A table of incompatibles by C. W. Wright, M. D., copied in that number, should have been credited to the *Western Lancet.*

☞ No. 6 of the series of articles on the History of the American Medical Association has just come to hand, and will, with the portrait and biography of Dr. Mussey appear in our December number.

We have also on hand an article from D. W. Maull, M. D., of Delaware, which will appear in our next.

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ECLECTIC AND SUMMARY DEPARTMENT.

The Cranial Characteristics and Powers of Human Races.—An Oration read before the Medical Society of the County of Erie at its Semi-Annual meeting, held June 13th, 1854. By S. B. HUNT, M. D.—At a period like the present, when the rapid overspreading of the North American continent has suddenly given rise to a new code of national policy; when the necessities of new events have added the phrase "manifest destiny" to the vocabulary of the statesman; when all politicians have become ethnologists, and talk learnedly of the antipathies and affiliations of races: when an American Secretary of State brings up the diversity of races in a diplomatic discussion, as a sufficient reason for a peculiar line of national action; when we behold prophecies made to-day, and fulfilled to-morrow, of some new conquest for the Anglo Saxon; when a process of emigration, which is rather an Exodus of a whole people, than a colonizing of a part; together with an increased prolificacy, owing to a lengthened average of human life, is spreading a new and exotic race over our continent, displacing from their territories the old inhabitants—when all these concurrent circumstances are thus operating, it is fitting that the physician and the anatomist, should bring forth from their store of acquirement those great anatomical conditions which are the cause of all this turmoil.

It is not necessary for us to discuss the ultimate unity or diversity of the human race. Whatever may have been man's primeval condition, he is *now* divided into races, no less by anatomical differences, than by degrees of intelligence and civilization. And it is my sincere belief that these differences are permanent; that whatever may be the *actual* improvement of any, or all races, their *relative* position must remain the same. Said Dr. Robert Knox; "Human history cannot be a mere chapter of accidents. The fate of nations cannot be always regulated by chance; its literature, science, art, wealth, religion, language, laws, and morals, cannot surely be the result of mere accidental circumstances."

It should not be objected to this that it inculcates the doctrine of inequality of races. The notion of actual equality is Utopian; it does not exist in fact—it is both unscientific, and unscriptural. In looking back upon the workings of that providence which writes the pages of human history, we find one nation always in servitude, another always free—one particular family gradually overspreads the temperate zone; before it perishes all other kindred, tribes, and tongues.

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Upon the North American continent we have the representatives of the great Caucasian family, of the aborigines of the soil, the negro, and more recently, a Chinese emigration has sent the Mongol to our Pacific shores.

Let us study a little the relative anatomy of these races. The most marked and essential difference which separates one human type from another, is in the capacity, and shape of the cranium. All other variations seem secondary to this. Among the subdivisions of the great families now dwelling on this continent, we have, first, the Teutonic races, with an average cranial capacity of 92 cubic inches; second, the Celtic, with 87 inches; the Chinese, and the Negro, each, 83; the Barbarous tribes of American Indians, 84; and the Toltecan family, 77 cubic inches. Among the remarkable varieties which this list presents, we find that the German average is 90, the Anglo-American 90, and the English 96 cubic inches. The low measurement of the American as compared with his English progenitors, is owing to the fact that only skulls of men remarkable for crime were included in it by Dr. Morton; from whose tables we obtain these results; while, in all other instances, we have merely a casual selection of all varieties of character. Another fact worthy of notice, is, that the measurement of the negro is greater than that of the Toltecan, and equal to the Mongolian average. Another feature in the negro skull is the fact, that American born negroes have one cubic inch less than the native African families.

It will be seen from this brief statement, that the mere capacity of the skull is not, alone, the true index of ability; while, at the same time, it leaves untouched the great fact, that the Teutonic, the family of largest cranial development, is the most advanced in civilization, and the most vigorous in growth and conquest. The secret of the relative force of nations, where cranial capacity does not fully account for it, must be found in the other condition alluded to, the relative size of the intellectual lobe. Certain varieties exist in the human skull which modify this relation. Thus the Teuton has a forehead, high, broad, full, and nearly vertical, the coronal region is well developed, and the occiput is well rounded but has no excess over the anterior region. Departures from this ideal, will, as they gradually assume the prognathous form, determine the relative intellectuality of races.

Let us trace now the progress of those races which are known to the history of the North American continent.

The monumental history, as well as the traditions of the aborigines of our country, indicate that the Toltecan, or Peruvian, was once the dominant race of this continent. As described by Cortez and his followers, they were a gentle people, of fixed habits, given to assembling in large communities, and the building of great cities. The arts of civilization existed among them to a great extent. A monarchical government, a priestly hierarchy, and a provident agriculture indicated a condition far above barbarism. Their average cranial capacity, as ascertained by Morton, from the measurement of 213 skulls, was 77 cubic inches. Its conformation presented a low receding forehead, the longitudinal and

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parietal diameter nearly equal, a flattened occiput, high cheek bones, and heavy and projecting jaws. This race once held possession from the great lakes to the isthmus of Darien. It was they who constructed the forts and mounds which dot our western prairies. But long before the peopling of North America by the whites, they had disappeared from the whole country north of the Rio Grande; and their place was occupied by a race superior to them in cranial development, but inferior in the arts. The Barbarous tribes had some 7 cubic inches of brain the advantage over the Toltecans. The cranial conformation was similar, with the exception of a fuller occiput, and smaller intellectual lobe. These anatomical characters formed an analogue in their minds. Crafty, subtle, vindictive, nomadic, despising manual labor, and incapable of civilization, they were still permitted, in the Providence of God, to drive before them the mild Toltecan, and give to rapine and blood the land which once waved with corn. It was the manifest destiny of the Toltecan race to perish from the earth. Their civilization, their knowledge of fortification and defence, were no match for the larger brain of the red man. The men of largest brain, of strongest will, fiercest animal passions, and smallest share of human sympathies, passed from their north-eastern origin, and swept all obstacles from their path. It was a work of annihilation, and nothing was left of the Toltecan but his forts and mounds.

The second act in this great drama opens the most important and immense migration of the human race on record. There came to the shores of New England and Virginia some feeble bands of men, who, whether rightfully or not, were soon engaged in bloody wars with the numerous tribes around them. Looking at the probabilities as they then existed, the chances were a thousand to one that, a broil once commenced between the white and the red man, the former would soon be driven from the shores of the continent, or find a grave beneath its forests. They had to contend with a race numerous, powerful, vindictive, armed with efficient weapons, and the bravery to use them. Why is it, then, that we have seen the Teuton gradually enlarging his borders, and the red man as steadily perishing before him? The work is like that which the Indian had previously inflicted on the Toltecan. It was not conquest or subjection, but annihilation. Rank by rank, and tribe by tribe, the red man faded from his possession. Like some Sarsar wind of death the races of the Teuton have passed from the portals of the East, until now the golden shores of the Pacific acknowledge their dominion. It mattered little what means were chosen to accomplish this result. The peaceful policy of Willian Penn, and the stern unyielding integrity of the Puritans, were as fatal to the Indian as the fierce slaughter of the Spaniards in the halls of Montezuma. And the high necessities of civilization were but a secondary element in this contest. On the whole line of advance, from the Bay of Massachusetts to the Gulf of Mexico, the progress of the white race was preceded, and pioneered, by a class of adventurers who fled from the life of towns, and assimilated themselves to barbarism. It was not for civilization that the Daniel Boones

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of our country fought and struggled. They contended with the Indian for his hunting grounds, and not for sites of cities. It was the physiological antipathy of race for race, not sufficiently proximate, and too proud and stubborn to blend.

And here we may pause to notice another marked difference in the conquering races. The Teuton, with an average cranial capacity of 92 inches—or if we take the pure English standard of the Puritans, of 96 inches, making a capacity of 12 cubic inches, above that of the red man, fought less, and conquered more than did the Spaniards and French at the south, with an average of 84, and 87 cubic inches; thus nearly assimilating them to the Barbarous, but not reducing them to the Toltecan measurement. As a natural consequence we find that the Teuton has never widely amalgamated with the Indian. The animal passions were too feeble, and the innate pride of birth and connection too high, for such an intermingling. But the converse held true with the Spaniard and Frenchman. The Iberian and Celt belong to the swarthy families of the Carcasian race, and are as distinctly separable from the Anglo Saxon, as from the negro. Possessing, as a race, five cubic inches less of brain than the Teuton, they more nearly approximate the aborigines than the men of the north. They have every where first fought and conquered, and then amalgamated with the Indian. The consequence is a feeble and hybrid race; defining hybridity as a loss of permanence of national type. The physical degeneration which has resulted from this blending, is a very noteworthy feature in anatomical science. The races now inhabiting Mexico, are a breed, so disgracefully mixed and intermingled, that the types of the heroic Indian, as well as the dignified Spaniard, have alike disappeared. The average size of the head in Mexico is so small, that it is with the greatest difficulty, that an American, of average cranial size, can find a native hat sufficiently large.

Still another race comes in to mingle in the confusion of American population. We are indebted to our English forefathers for the presence among us of more than three millions of a low type of human organization—the negro. Prognathous jaws, narrow elongated forms, receding foreheads, large posterior development, and an internal capacity of only 83 inches, characterize the cranium of the African negro. The cranial capacity is nine inches less than that of the Teuton, but still exceeding the Toltecan by six inches, and only one less than the Barbarous Indian. There is, therefore, nothing in the mere size of the negro skull which especially marks him for servitude, or renders impossible a certain degree of civilization. Although he has never, in his native state, attained to any degree of culture, he is endowed with a wonderful imitative faculty, which enables him to adapt himself to the customs of civilized life. But we find that he more readily amalgamates with the Indian, than with the white. The red man, though he sometimes makes a slave of his black fellows, is still more generally disposed to admit him to a footing of equality. In his relations with the whites, he has now for two centuries remained in servitude, without an effort, on his part, to escape from bondage. The casual flight of a few solitary individuals does not

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invalidate the fact that he is enchained by a people which could not thus enslave the Indian. The story of Uncle Tom's Cabin contains a most truthful moral on this point, however unconsciously on the part of the author. "George," the almost white-slave, strikes for freedom with a bold hand; preferring death to slavery. So, too, did "Cassy," and every other light mulatto in the book. But we find that Mrs. Stowe has always portrayed the pure black as a willing bondsman, and "Uncle Tom," himself, as a model of submission to the lash, and to bitterest wrong and outrage. This was not mere Christian non-resistance. The meekest martyr, from St. Stephen to John Rogers, would have resisted such wrong, by force of arms. It is an inborn characteristic of the black race.

While I would not sanction the idea that the mere fact of inferiority, or diversity of race, can justify the holding of a fellow man (for a fellow man he is,) in involuntary servitude, I still think, that the anatomical facts of difference should have some influence in modifying our sentiments, and render us slow in imposing the responsibility of self-support upon a race, whose ability to maintain themselves, in competition with the white man, is at least as much a problem, as is that of the coexistence of the Anglo-Saxon, and the Indian. It is impossible for 83 cubic inches of cerebral matter, fed by negro blood, to compete with 92 of educated, Teutonic brain. It is not the province of the anatomist to decide what should be done; but it is safe to assume, that any being, however degraded, if he possesses reason and conscience, should also possess the liberty to use them for his own welfare. The limit of authority over a degraded race should not extend beyond an exercise of paternal care and superior wisdom, in guiding, protecting, and elevating it, in such a manner of life as is best fitted to its capacities.

The amalgamation of the two races produces the mulatto, who manifests a certain degree of hybridity. He is a superior negro, but a very inferior white man. As we go on approximating to the white, we have increasing aptitude to learn, and greater intelligence; but this is accompanied by a corresponding degradation of the white. The mulatto is an unnatural and a sinful existence. Feeble in constitution, unable to perform severe labor, he manifests a tendency to scrofulous disease, and early death. Though the pure negro is naturally long lived, we find the mulatto rarely attaining the verge of old age. It is a notorious fact, that, were it not for constant importations from the south, the race of negroes would soon disappear from the northern states, from amalgamation, and consequent short life. If amalgamation is thus fatal to the existence of the negro, what better would be his condition if left to his own resources. It is but just that we should look the anatomical argument fairly in the face. The condition of the negro has ever been that of servitude—a consequence of his lack of brains. It cannot be pretended that this should form a justification of American Slavery; but the anatomist will still shrink from hastily disturbing the present order of things. An immediate setting free of the bondsmen of the south, would place three and a half millions of an inferior race in competition with one far superior to it in anatomical perfection. Who can doubt where

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misery would fall? The experiment has already been twice tried on this continent. The Toltecan and the Indian have in turn faded, and passed away from the broad lands they once claimed as their own. Without a claim to the soil, without a vestige of national organization, and in competition with a vastly superior race, that annihilation which has so surely dogged the retreating footsteps of the Indian, would find but a feeble resistance from the humble, crouching African.

One circumstance may, in this contingency, operate in favor of the negro. Had the Indian been capable of subjection to slavery, he would still be found among us. The negro would soon, in freedom, adapt himself somewhat to his new condition; and, although a large class might, like the wretched inhabitants of the British West Indies, prefer abject poverty to labor, yet the influence of a colder climate, and the necessity of providing for a winter, might gradually engraft industrious habits. Even the ever working bee, when transported to Jamaica, laid up his store of honey for a single season only. Ever after that, he forgot his provident northern notions, and led a roisterous and dissipated life among the sweets of the sugar houses, unmindful of the morrow.

It is now a received opinion with ethnologists, that the large headed Teuton is the dominant race of all the earth. Wherever climate will permit his existence, his passion for discovery leads him. The negro, the Hindostanee, the Malay, the aborigineés of America, have all fallen before him; and now he knocks at the door of the Japanese Mongol, and demands admission there. One by one the lesser tribes have owned his sway. The lively Celt of Ireland has yielded his long fought battle with the English Teuton; the high spirited Hungarian, and the wily Italian, feel the yoke of the Austrian Teuton; and still another family of this great group is pressing down upon the Turk. The stream of emigration has filled the United States with unceasing additions of Teutonic blood. Before them has fled the Indian, and beneath their iron rule is bowed the unfortunate African.

Who can tell where, or when, this conquering advance shall cease? What shall be the fate of feebler nations beneath its sway?

In these great facts, this hastily gathered evidence of "manifest destiny," we read a lesson which politicians well might learn. The doctrine that "all men are created free and equal," is an anatomical, physiological, and Scriptural impossibility. So long as one star differeth from another star in glory, so long as the infinite gradations from dust to Deity, rank one above another, so long as man is but a little *lower* than the angels, while God is over all, so long shall the difference which He has implanted in the human race, remain, unchanged in type, though progressive in excellence, until the last act of the drama shall open upon a single dominant race, in a world whence all others shall have disappeared.—*Buffalo Journal.*

Mortality among Children. By W. A. ALCOTT, M. D.—The Boston Journal for August 10 has an article, copied from the Baltimore Patriot, on the mortality of children, which is deserving of the attention of those

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whose office should be not only curative but preventive. I copy from the article as follows:—

"In the cities of New York, Philadelphia and Baltimore, last week, out of a total of 1,724 deaths, 1,025—within a fraction of two-thirds of the whole number—were children under five years of age."

Now as there is no date to the article of which the foregoing is a part, it is not in my power to say precisely *what week* the writer refers to; but it is a fair inference that it was recent. Nor am I able to say by what arithmetic or logic, 1,025 is made out to be "within a fraction of two-thirds" of 1,724. It would be more nearly three-fifths of the whole. Still the fact is a terrible one. Many have thought the statement so often made by myself and others, that two-fifths of our population, *taking the year together*, die under five years, an exaggerated one; but here is a mortality of three-fifths for a particular period.

The writer in the Baltimore Patriot, in his comment on the dreadful fact, justly observes;—"There is certainly some cause for this, and it is due to the science as well as the philanthropy of the age, that this cause should be distinctly ascertained and pointed out." Again he says:—"A close examination of the subject, we doubt not, would show that it is chiefly among those who are surrounded with all the comforts, and, in many instances, with the luxuries which riches command, that infantile diseases find their most numerous and unresisting victims."

With one qualification, Messrs. Editors, I can subscribe most fully, to the truth which is suggested in the latter quotation. Instead of saying "riches" in a country where almost every pauper is rich enough to have his appetite tickled and gratified, I would say "money and a short-sighted selfishness."

In regard to the causes of this fearful and fearfully increasing infantile mortality—for there are doubtless more causes than one—I have something to say, suggested by the study of the subject for thirty years or more. And though I lay no claim to infallibility, I do greatly desire to be heard.

My first suspicion rests on the too free use of alkalies among us. I say "the too free use," because, although I should not be likely to encourage their dietetic use, in any quantity, or in any circumstances of *health*, yet there is certainly a wide difference between excess and moderation. It is one thing to use just so much saleratus as shall be neutralized by the acetic acid it meets with, so as to leave no residuum but a little acetate of potash, and quite another to use the alkali so freely that a portion of it remains in the stomach and intestines unneutralized. Yet the latter is an every day occurrence. Our children, generally, have their first passages in a state of sub-inflammation, from this and other kindred causes; and though the use of mild acids, especially those of fruits, may do something to soften or mitigate the condition, is it any wonder that bowel complaints, in these circumstances, become very severe and unmanageable? Is it any wonder that two-fifths, and in summer three-fifths of all who are born, die under five years of age?

I have no doubt that quackery and humbuggery, as well as many more

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things, tend to a fatal result in these cases; but I can say no more in a single number. You may possibly hear from me again.

AUBURN DALE, *August* 15, 1854.

Mortality among Children, No. 2.—When I call to mind that the character of your work varies somewhat from that of its predecessor—whose motto was "The best part of the medical art is that of avoiding pain," I begin to doubt whether you have room for short articles from time to time on prevention. And yet, medical men in general are not so lost to philanthropy, and even to common humanity, as not to look a little at prevention now and then. They know something of the pain I have often experienced on reflecting that while I have been the means, apparently, of extending the lives of some of my consumptive patients from one to thirty years, it has had one terrible effect which philanthropy herself scowls at—it has served to propagate and perpetuate a feeble race. Still, cure we *must have*, and *will* have; and postponement, and palliation. It wont do to let the feeble die off if we can help it.

The subject I broached in a late number of the Journal on infantile mortality is one of serious and alarming import. The paper from which I quoted was probably correct, for during the week ending about the middle of August, the New York Independent states the whole number of deaths in the three cities I have mentioned, at 1,790; while that of those under 5 years of age was 936, considerably more than half, still. Such a mortality is indeed frightful. What are we to think of the habits of people when half the children in families die under 5 years of age? What would be thought of the good sense and right treatment of domestic animals where half the lambs, pigs and chickens should die thus prematurely?

I spoke of the use of salæratus as in the front of a long list of transgressions. I ought to have particularized. Dr. Hammond, of Killingly, Ct., first called my attention to this subject, ten or twelve years ago. He confessed to the use of ten pounds in his small family in a year, and said he was very far from being alone. Soon after that, I went down East, and learned something of the state of things in New Brunswick and Maine. I found that in Bangor ten or twelve pounds a year were very common. So I found it afterwards in some portions of Massachusetts and Connecticut. Col. Ivers Phillips, of Fitchburg, five or six years ago, told me that in a family of ten persons they used twenty-five pounds a year; and Mrs. P., who was present, endorsed the assertion. The smallest quantity I have known used in any ordinary family, except my own, is about five pounds. In Ohio, families who were at first disposed to sneer at my statements, confessed to the use of six or eight pounds yearly.

My deliberate conviction is, that the families of twenty millions of people in our United States population—amounting to about four millions—use the average quantity of five pounds of this alkali yearly—or one pound to each individual. This is an aggregate of twenty millions of pounds. How much of this goes into the alimentary canal and

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courses its devious way without meeting with any free acid or other substance calling into play new affinities, cannot easily be told. In these days of excess in its use, I fear one half. But to be safe, I will place it at one fourth. Is it so, then, that the lining membranes of our people—our children among them—must be irritated yearly by 5,000,000 pounds of uncombined—unneutralized salæratus? The very thought is enough to make one shudder!

From ten to twenty grains of this substance is sometimes put down in our medical dictionaries as a dose. Place it at thirty. Do we swallow 960,000,000 doses of medicine a year, in this careless, uncalled-for manner? What effect can medicine be likely to have, when given in an emergency, to children who have been irritated day after day, and year after year, in this way? I have said irritated—not poisoned. Yet Orfila, I find, calls salæratus an irritating poison, and gives us a long list of its terrible symptoms. I need not detail them in a Journal designed for the profession; but they ought to be hung up in letters so large that they could be read at any distance all over the country. They would make some of our house-keepers stare—and it ought to be so.

Let us make one more estimate. I have not facts to bear me out in what I am going to do, because I have not the patience to gather them up—scattered as they are up and down the earth's surface. But I suppose four maximum medical doses of this article, taken at once, would be called excess; and this excess would be evinced by some or all of Orfila's "symptoms." In short, the individual who should take such a dose would be poisoned. I do not say he would certainly die, for I am not warranted in this. But I do say that, in all probability, he would not greatly desire to take another such dose immediately. But 5,000,000 pounds of this alkali—the quantity we supposed to be swallowed yearly unneutralized—would at this rate be 240,000,000 doses of the poison. It would poison all our 20,000,000 of white people in the Union, twelve times each, or once a month, for the whole year. But enough for the present.

Auburn Dale, *August* 25, 1854.

Mortality among Children No. 3.—One fruitful source of infantile mortality is medicine. Let not my medical friends accuse me of heterodoxy, in making this statement. I have reasons for my belief.

When I speak of medicine as a cause of infantile mortality, I have no reference—not the remotest—to that small amount of it which is given at the prescription of the family physician. There may have been error here; there certainly *has* been, in all time and countries, *unless it is our own.* But I waive all this. Nor do I refer in particular to the enormous quantity of drugs and medicines taken without the prescription of any person duly qualified for the purpose, beyond the pale of the family—a hundred times greater than the quantity given by all our regular physicians of every school.

But I would aim, chiefly in these paragraphs, at what I have been accustomed to call maternal dosing and drugging. Bad as the world is,

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in other departments of drugging, this is more prolific of infantile disease and premature death than all else, except bad cookery; of which, by the way, I have said something in a former number.

Mothers assume to understand the constitution of their own children; and almost deem it an insult to be told of their mistake. Yet they are mistaken. Reasoning *a priori*, it is impossible, or at least next to impossible, for those who are situated as mothers generally are, to understand enough of the laws of hereditary descent, temperament, &c., to be able to understand what is almost impossible to the wisest physiologists and physicians. And then, as regards the plain matter of fact, their mistake is still more obvious. They almost every day, for example, treat their scrofulous children—amounting to one third or one fourth of the whole—in a manner diametrically opposite to what they would have done had they understood the nature of the case and how the first symptoms of latent scrofula manifest themselves.

And yet it is almost as much as one's reputation is worth, whether in the profession or out of it, to run the risk of giving to our mothers this little piece of information. And the hazard is great in exact proportion to their ignorance. An ignorant mother is, next to the Pope of Rome, the most infallible of all human beings! I mean, of course, in her own estimation. You may reason, sometimes, with an intelligent mother—seldom with an ignorant one.

But whether ignorant or somewhat enlightened, the vast majority of our mothers doctor, more or less, their own children. At least, if they refuse to call it *doctoring*, they give them a vast amount of small elixirs, cordials, &c. The closets of not a few house-keepers are a complete apothecary's shop. They may, it is true, have smaller parcels than the regular apothecary; but they have almost as great an assortment. And they not only keep it; they administer it. They may not intend it; they *do* not *mean* to give *much*; sometimes they really *think* they *do not* give much. But it comes to pass, in the course of the year, that much is given by somebody; and I greatly fear that the mother must be held responsible for it.

True it is, that no mother confesses to this crime of dosing and drugging. As it used to be with tight lacing of the chest, that no one was guilty herself, but almost everybody else was, so in this matter of drugging and dosing children. Yet how often have I seen these very mothers with their bottles or phials on the steamboats and railroads of our country—hardly willing to wait for the arrival of the cars at a "station," before they administered the needful elixir, but actually administering it on the road!

But now for the consequences of this maternal dosing; for this it is with which medical men have chiefly to do. Next to bad food and wretched cookery, as I have before intimated, this error is productive of more sickness and premature death than any other. No physician knows what to do with a sick child, who has been thus tampered with. He may indeed *guess a little better* than others; but even *he* will often *guess wrong*. Their first passages are irritated, and perhaps inflamed;

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and if it were possible to make the right appliances either internally or externally, it would still puzzle the wisest head to know how to apportion the quantity so as to be more likely to do good than harm. Diseases, in these circumstances, as you know, are more apt to be severe and complicated, and the termination more likely to be fatal, especially if much medicine is used.

The worst remains to be told. As it is not always easy to trace the cause of severe, protracted or fatal infantile disease to maternal error, we not only contrive to kill, from generation to generation, by thousands and tens of thousands; but we partly kill by millions. If all the mischief that is done could be concentrated, as it were, in a few, and were to kill them outright, so that everybody might see that they fairly died of violence, there might be hope. But no; we seem to be left to grope on in ignorance, and not only to kill, continually, but to *partly* kill many more. We bring on, gradually, some disease or other; or we render an inherited disease, which might have been mild, very severe, or early fatal; or we aggravate, by over dosing, the symptoms of acquired diseases from other causes. We clip from the existence of one child or person, a year; from another, two or three years; from all, or almost all, something. The aggregate of these clippings, so to call them, every year, though it cannot be exactly ascertained, is, no doubt, fearfully great, and fearfully increasing.

I have sometimes thought maternal dosing was a little more mischievous in the families that confide in homœopathic and botanic treatment, than in those who adhere to the old system. I will tell you why. They seem to think vegetable medicine, and even small doses of mineral medicine, so harmless that they may dabble with them when and where they please—almost without reserve or limitation. Perhaps this is not justly chargeable on the systems themselves, but only an incidental evil. But this does not alter matters of plain fact; and if the public are killing their children with too many small shot, as well as with musket and canon balls, it should be known, that the evil may be guarded against, or, if possible, removed.—*Boston Med. and Surg. Journal.*

AUBURN DALE, *Sept.* 9. 1854.

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*Solidified Milk.**—A few days since we had the honor of an invitation to accompany a committee of medical gentlemen appointed by the New York Academy of Medicine, to visit the establishment where the above mentioned article is prepared. After an agreeable railroad trip of 80 miles or thereabouts, in the Haarlem cars, with Dr. Griscom, Chairman of the Committee, Drs. Isaac Wood, Blakeman, Shanks, White, and Dr. C. T. Harris, Chemist, who for several years has been associated with Mr. Blatchford in perfecting the preparation, we reached Amenia, some 20 or thirty miles east of Poughkeepsie, Duchess Co.—Here we were joined by the venerable Dr. Blatchford of Troy, whose

* We presume the attention of Dr. N. S. Davis, Chairman of a Committee of the Am. Med. Assoc. on the *Nutritive qualities of Milk*, &c., will be called to the establishment described in this article, and an interesting report will be looked for from him at the meeting of the Association in Philadelphia, in May next.—ED. N. J. MED. REP.

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son is proprietor of the establishment. Conveyances were in readiness to carry us a few miles nearer the Hudson, over rolling hills which afforded a fine opportunity for judging of the pasture ground, as well as ventilating our lungs of city air. No member of the Committee ventured suggestions of slop milk.

While some of the party spent the night with the proprietor, others of us enjoyed the politely offered hospitality of Dr. Smith, who regaled us with a scientific treat in the shape of the most beautiful and neatly classified private collection of minerals we have ever chanced to see.

By day-break the Chairman of the Committee was aroused, (the penalty of office,) to be present at the milking, that he might testify as to the purity of the source of the milk, and the appearance of the cattle.

After our morning repast, we were invited to witness the process of *solidification*.

To 112 lbs. of milk, 28 lbs. of Stuart's white sugar were added, and a trivial proportion of bi-carbonate of soda, a teaspoonful, merely enough to ensure the neutralizing of any acidity, which in the summer season is exhibited even a few minutes after milking, although inappreciable to the organs of taste. The sweet milk was poured into evaporating pans of enameled iron, embedded in warm water heated by steam. A thermometer was immersed in each of these water baths; that, by frequent inspection, the temperature might not rise above the point which years of experience have shown advisable.

To facilitate the evaporation,—by means of blowers and other ingenious apparatus,—a current of air is established between the covers of the pans and the solidifying milk. Connected with the steam engine is an arrangement of stirrers, for agitating the milk slightly whilst evaporating, and so gently as not to *churn* it. In about three hours the milk and sugar assumed a pasty consistency, and delighted the palates of all present; by constant manipulation and warming, it was reduced to a rich, creamy looking powder, then exposed to the air to cool, weighed into parcels of a pound each, and by a press, with the force of a ton or two, made to assume the compact form of a tablet (the size of a small brick), in which shape, covered with tin foil, it is presented to the public.

Incidentally, we had an opportunity of judging of the cleanliness of the establishment; for while in some of the pans the process of evaporation was being completed, others were being washed for a second charge. (One of the Committee hinted, that the refuse washings were no bad approach to much of our city milk.) Great precaution was used lest any of the first evaporation should be subjected to a second heating, as the last batch might thereby be spoiled.

During the day the Committee made an excursion through the thousand acres of pasture land, connected with the establishment, and visited some of the commanding points of view from whence might be seen in a glance, the hills of Connecticut, Massachusetts, and the cloud-crested Kaatskills of New York. This panorama of distant hill tops, of green grass, and blue sky, will not fade from remembrance. To vary the en-

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tertainment, attempts were made to secure a few frogs, for exhibiting the *circulation of the blood*, making *frog batteries*, etc., but with limited success—the weather being cool, only two were netted and bagged. The old mountains echoed and re-echoed many a hearty peal of laughter at the anecdotes of medical experience, which might prove a valuable addition to the "Diary of a Physician."

After a sumptuous dinner, we had the honor of being requested to read to the Committee a monograph on the chemical constitution of milk, with an exact account of each of the important ingredients involved in the process of solidifying and preserving this article, written by Mr. Dalson, the chemist to whose talent we are indebted for this invaluable preparation.

After a vote of thanks on the part of the guests to their host and hostess, and an expression of gratification on the part of the proprietor to the Committee for their interest and apparent satisfaction, we resolved ourselves into a committee of cooks, dairymaids, experimenters, tasters, &c.

Some of the solidified milk which had been grated and dissolved in water the evening previous, was found covered with a rich cream, this, skimmed off, was soon converted into excellent butter. Another solution was speedily converted into wine whey, by a treatment precisely similar to that employed in using ordinary milk. It fully equalled the expectations of all; so that solidified milk will hereafter rank among the necessary appendages of the sick room. In fine, this article makes pans, custards, puddings, and cakes equal to the best milk, and one may be sure it is an unadulterated article, obtained from well-pastured cattle, and not the produce of distillery slops—neither can it be *watered*.

For our steam-ships, our packets, for those travelling by land or by sea, for hotel purposes or use in private families, for young or old, we recommend it cordially as a substitue for fresh milk.

We look with interest for the scientific report of the committee of the Academy of Medicine, in which we hope for an exposition of the domestic, culinary, and hygienic properties of solidified milk.—*Editorial in American Medical Monthly.*

The Alleged Connection between the phases of the Moon and the quantity of Rain. By JOSEPH JOHNSON, M. D., Charleston, S. C.—I believe the opinion to be very prevalent, that the two great changes of the moon are the periods most frequently attended by falls of rain. Having, for many years, kept a diary of the weather, for the Medical Society of South Carolina, I have some reason to doubt the correctness of this opinion. Having that diary on the table before me, I made an abstract from it during the last twelve years, for the purpose of verifying that opinion, or of confirming my doubts. The following table of the weather, at each full and new moon, shows how many of the three days at each of these great changes, were attended by falls of rain, and how many were without rain. I submit it to the inspection of your readers, if you think it worthy of publication, premising that in some parts of the diary is noted the occurrence of a shower, but where the fall of wa-

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ter in such a shower was less than the quarter of one-tenth of a quarter of an inch, I took no note of it either in the diary or in the abstract. The result is 618 clear days to 289 days of rain, in the twelve years, and a proportionate result in each separate year. The book from which these results have been drawn, is open to the inspection and scrutiny of any gentleman who may wish to examine it for this and other matters.

[The Tables are omitted.—ED. N. J. MED. REP.]

My own opinion is, that the influence of the moon has been greatly over-rated, not only as to the changes in the weather by which, incidentally, the health of human beings might be affected; but, also, as to its supposed direct influence on some of the mental and bodily diseases of mankind, such as mania, menstruation, epilepsy, &c. Even where some of them appear to return at lunar periods, it is not generally the case; and as to conception and parturition, it is unquestionable that the birth occurs much more generally after nine calendar months than nine lunar months. In epilepsy the attacks are at first after long intervals of time, and, of course, not at lunar periods; then gradually reduced in the length of intervals, until so frequent that the paroxysms cannot be attributed to the influence of the moon. In menstruation, although it may occur with many at lunar periods, yet it unquestionably recurs at all ages and phases of the moon in different females; and when suspended by pregnancy and nursing, it recurs frequently at different periods of the moon from those of its previous appearance in the same persons. As these affections are periodical in their recurrence, they are associated in the human mind with the periodical changes of the moon, and, without investigation, finally ascribed to its influence.

To doubt the influence of the moon on the ebbing and flowing of the tides, will, doubtless, be called heresy, blindness or madness. With your leave, however, I will point out some errors in the books, from which we and our children are taught the theory of the tides. The uniform recurrence of spring tides at the new and full moons, would appear to settle this question. But at the new moon, when it is in conjunction with the sun, the tides rise no higher than at full moon, when in opposition to the sun. The theorists assert that the tides are several feet higher at new moon than at the full, because of their united attraction; but I appeal to Dr. Bowditch, and believe that no higher authority can be adduced, that along the whole eastern coast of America the tides are not higher at the new than at full moon.

Again. They assert the highest spring tides occur in the winter; because the sun at that time is nearer to the earth than at any other season of the year. But everybody knows that the tides are then comparatively the least, and the highest occur in the spring and fall, when the oceans are surcharged by the melting of snow and ice in both the Polar regions.

Again. They assert that as the influence of the sun and moon is greatest in the torrid zone, the tides rise higher there than in the temperate zones. But all navigators and all practical observers agree that

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there the tides only rise from one to three feet, while in the temperate latitudes of Nova Scotia and Great Britain they rise the highest—even as high as thirty or forty feet.

Keith—in Theorem 2d, p. 81, London, 1815—states that when the moon is in the horizon, the tide will be ebb or low water; we all know that the reverse of this is true everywhere on the eastern coast of the United States. In Theorem 3d, he says that the time of high water is a little after the time of the moon's coming to the meridian; we all know that it is then low water. Every almanac will prove the reverse of these two Theorems, and yet they are taught in the American schools as truths. This doctrine of the 3d Theorem is likewise advanced by Sir Isaac Newton in his *Principia*. It is certainly true as to the tides in London, but is not true as to the greater part of the kingdom. The following is extracted from some of the best English books on navigation:

	H.	M.
High water at full and new moon at Lands' End,	4	30
" Lizard,	5	
" Portland,	7	
" Ramsgate,	11	
" Portsmouth,	11	36
" Margate,	11	45
" Thames' mouth,	12	
" London,	2	46

This shows, conclusively, that the tides progress from the Atlantic Ocean up the British Channel to the mouth of the Thames, and then westwardly up to London; and that the period of high water in London ought not to be taught as the time of high water everywhere.

Again. As the new moon is in conjunction with the sun, a great influence is ascribed to their united power of attraction. When they rise together in the east, we find the tide already high on the eastern shores of America. The theorists say that this is caused by their attraction; but I appeal to common sense to say, if the tides precede the rise of the sun and moon, whether they are not rather impelled forward before the sun and moon; and whether, if the tides were attracted by them, they would not have followed, and not preceded, their rise in the east.

But what are the changes of the moon, that such vast effects should be ascribed to them?—the control of mind and matter—the ebbing and flowing of the tides in all parts of the world, and the changes of weather at all seasons of the year. Are these changes of the moon any thing more than the greater or less quantity of the sun's light reflected from the moon, at the full and new moon, and at the intermediate quarters? If there be no other material difference, the theorists appear to base their doctrine on mere moonshine.—*Charleston Medical Journal.*

Modification of the Vectis. By Aug. K. Gardner, M. D., Member of the Committee on Obstetrics, &c., New York Academy of Medicine; Lecturer on Obstetrics, New York Preparatory School of Medicine. &c., &c.—The vectis, lever, or tractor, for the names are used synonymous-

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ly, is an instrument of former times, now fallen into general disuse. It was the antecedent of the forceps, to which it has yielded the field, and is now mentioned only by the lecturer, and in order to caution the young and inexperienced against its use. The reasons urged against its employment to assist nature in parturition, are undoubtedly just. It is correctly stated, that in one of the uses to which it may be put, it is efficient; in the other, either equally powerless or highly injurious. As a tractor, the finger of the opposing hand forming the second blade of a forceps, it is powerless; as a lever, with the hand of the operator for a fulcrum, it is equally powerless; and if the pubis, the os ischii, or the soft parts, be suffered to form the *point d'appui*, the woman must afterward inevitably suffer from inflammation and its accompanying ills.

How is it, then, that in older writers we find the instrument so highly commended? Dewees in particular praises it, lauds its benefits, and sneers at its opposers. We are inclined to think that either the benefits derived were not so great as supposed, or that the after results were disregarded.

The great difficulty in using the lever is the want of a fulcrum. It was that only that Archimedes is reported to have needed to move the world. Now, as no part of the mother should for a moment be thought of for a fulcrum, and as the left hand of the operator, applied near the neck of the instrument—on account of its want of stability, and the awkwardness, if not impossibility of thus manipulating—as a fulcrum is inefficient, we must seek for some other fulcrum. It has occurred to me, that by lengthening the handle of the lever, we may make the extremity of the handle rest upon the elbow of the operator—the hand grasping the centre of the instrument—and from the elbow obtaining the purchase, constituting it, in philosophical terms, a lever of the third kind. In this manner no possible injury could happen to the mother; the force being applied at the centre of the instrument, counteracted by the elbow (the fulcrum,) and exerted solely upon the presenting portion of the child.

In accordance with this idea, an instrument is in process of manufacture for me, by Mons. Luer, now in Paris. Both ends are to be terminated with a fenestra, which, while in reality being a double instrument with different curvatures, will by receiving the olecranon, steady the instrument on its application. For convenience in carrying, the instrument will close with a hinge, fastened when in use, by a sliding bolt.

With this lever I anticipate in some few cases, that the position of the head may be changed; in face presentations, by its use the occiput may be substituted for the face, &c. In presentations of the breech, as a tractor, some service may be rendered where the delivery is delayed from want of power, or by any impediment, and to assist in the subsequent delivery of the head, frequently so difficult and fatal to the child. I do not presume that by this or any modification, the lever can ever successfully compete with the forceps; but in some cases it may perhaps be substituted for a more formidable looking instrument, requiring

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double the trouble in its application, and more frequently the exposure of the patient.

It will appear obvious, that when the instrument is to be applied under the pubis, little is gained by this modification, unless the patient be turned very much to one side; but I do not pretend to make it a perfect instrument. In the great majority of cases, it is but a half instrument; still, even in these cases the instrument is not inferior to the ordinary form, which is found in every obstetric case. So long as it is deemed worthy of this place, it is worth our while to render it as efficient as possible.—*N. Y. Med. Times.*

New York, 141 East Thirteenth st., *August*, 1854.

Protracted Pregnancy.—Dr. Edward Smith mentions a case in which it appeared clear to him that the woman was delivered in ten months after conception took place. He also mentioned a case in which a child cried so loudly, three minutes after the head was born, and before the body was extruded, that it could be heard in the adjoining room. This case showed that when a pelvis was large, and the pains not severe, there might be sufficient room for the undelivered chest of the child to expand. Had there been a question in this case as to whether the child was born alive, it could have been shown that it had breathed. Dr. Smith also related a case in which an infant, two days after birth, had two of the incisors fully developed in its gums. In such cases, did the permanent teeth come earlier than in ordinary cases, and when teeth were developed in utero, were there three sets of teeth?

Mr. Charles Clark mentioned two cases in which pregnancy appeared to him to have been prolonged in one instance to ten, in the other to eleven months.

Mr. W. A. Harrison remarked, that in cases where teeth were developed so early as in Dr. Smith's case, they fell out early, the gums remaining bare for some time before the permanent teeth presented themselves, but the child had not three sets of teeth.

Mr. I. B. Brown and Mr. Dendy remarked, that it was not rare to observe cases in which children cried before the shoulders were delivered.—*Lancet.*

On the Volatile Oil of Erigeron Canadense. By William Proctor, Jr.—This volatile oil has recently been introduced into medical practice by the "Eclectic" physicians, who esteem it for its medicinal powers. The specimen of the oil submitted to examination was labelled "Oil of Erigeron, American Chemical Institute, New York." It has a light straw color, is very limpid, has a peculiar aromatic, not unpleasant odor, somewhat analogous to oil of hemlock (Abies Canadensis,) which is extremely persistent; its taste is peculiar, mild, and not very pungent. Its density very low, being according to the mean of two careful observations .845; it is very inflammable, burning with an abundant sooty flame, begins to boil at the temperature of 310° Fahr., and continues rising till 365°, showing that there must be two volatile

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oils. It distils *per se* unchanged and colorless, leaving a small oleo-resinous residue in the retort, which is oxidized oil. When a globule of potassium is thrown into the commercial or the recently distilled oil, it acts on it with the elimination of gaseous matter (hydrogen?) from the entire surface of the globule, and the action continues until the metal disappears. The oil at first assumes a reddish brown color, which becomes deeper and finally causes a gelatinous residue, to separate which is probably a resinate of potassa. The oil is, therefore, highly oxygenous.

Hydrate of potassa acts on oil of erigeron slowly, turning it of a reddish color. Powdered iodine combines with it without explosion. Fuming nitric acid at ordinary temperatures acts slowly; but when heated, explosively; sulphuric acid instantly decomposes it. The oil is very soluble in ether and anhydrous alcohol, but moderately in commercial (.835) alcohol.

The volatile oil of Erigeron Canadense, when taken internally, acts as a stimulant carminative, like many of the milder volatile oils, but it is also said to possess a peculiar and efficient power as an anti-hæmorrhagic, especially in uterine hæmorrhage. It has been found useful (American Eclectic Dispensatory, page 451,) in diarrhœa, dysentery, hæmoptysis, hæmatamesis, menorrhagia, and externally mixed with castor oil or stramonium ointment, in hæmorrhoids.

The dose internally is from 4 to 10 drops, mixed with sugar and water. In uterine hemorrhage the dose should be repeated at short intervals (10 or 15 minutes,) till relief is obtained.—*American Journal of Pharmacy.*

Sulphate of Quinidinia.—Last year, Dr. William Pepper, Physician to the Pennsylvania Hospital, published an account of the results of substituting sulphate of cinchona for sulphate of quinia in intermittent fever, and so successful did it prove that he has since continued to use it in his hospital practice. In April last, at the suggestion of Dr. Conrad, Dr. Pepper made a trial of *sulphate of quinidin* (the third alkaloid in cinchona bark,) in several cases of intermittent, with such decided success, that he is disposed to believe that quinidin is more active than either of the other alkaloids. These results corroborate a similar trial in two obstinate cases of intermittent, by Dr. Helfrick of this city, which had a like result. If these observations are supported by other testimony, we shall not hear of the rejection of cinchona barks because in the aggregate of alkaloids there happens to be *less than one per cent. of quinia.* —*Am. Jour. of Pharmacy.*

Rheumatism.—We recommend to our readers the following prescription for the cure of this most unmanageable disease:—℞. Liq. potassæ, gtt. xv.; potass. iodidi, gr. ij; mucil. acaciæ, f ʒj; aq. distill.; f ʒxi. M. ft. haust.—℞. potass. iodidi, ℈ij., morph. muriat., ℈ss.; ung. cetacei, ʒiss. Ft. ung.—℞. Opii. purif., gr. j; extr. colch. acet., gr. ij.; pulv. scam. co., gr. iij. M. ft. pil. iv.—*Virginia Med. and Surg. Journal.*

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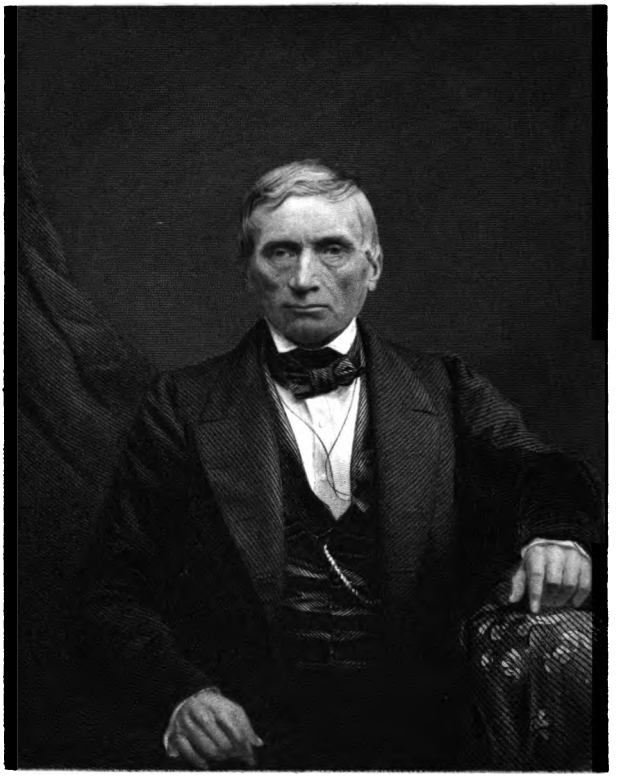

Yours truly

R. L. Murphy

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THE

NEW JERSEY MEDICAL REPORTER.

VOL. VII. DECEMBER, 1854. NO. XII.

AMERICAN MEDICAL ASSOCIATION.

History of the American Medical Association.

BY ONE OF ITS MEMBERS.

NUMBER VI.

In our History of the Annual meeting of the Association, in Boston, we noticed the following resolution, which was reported by a special committee, to whom had been referred all the propositions previously made on the subject of medical education, viz:

"*Resolved*, That the Association recommend to the various schools of medicine, to meet at Cincinnati before the next Annual Meeting of the Association."

The special committee who reported this resolution, consisted of Drs. Alexander H. Stevens, of New York; George B. Wood, of Philadelphia; and Jonathan Knight, of New Haven—three of the ablest and most experienced professors in the country.

The recommendations of the Association, in relation to the terms of College instruction, had not been received and acted on by the great majority of Medical Schools, and the foregoing resolution was evidently intended as a direct invitation, on the part of the Association, to the several Colleges, to hold a Convention of their own, and by mutual action devise some measures for rendering their courses of instruction

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more perfect, and the general standard of medical attainments more elevated. Soon after the adjournment of the Association, in Boston, a few of the medical periodicals alluded to the proposition for a Convention of delegates from the Colleges exclusively, and in terms of decided commendation. But the Colleges generally gave no response to the invitation, and consequently no separate Convention was held during the year. This direct refusal either to meet and devise measures of their own, or to adopt those already recommended by the Association, naturally led to the general belief that the great majority of those connected with the Medical Colleges were obstinately averse to any attempts to improve the present system of medical instruction.

The selection of Cincinnati, as the place for holding the Annual Meeting of the Association for 1850, gave a new and strong impulse to the work of social organization throughout the profession in the Western States. In several of them, State and County Societies had been organized several years previous, but in most instances, they had ceased to maintain an active existence. As the proposed meeting of the Association at Cincinnati was the first to be held in the West, the profession in that section of the Union naturally felt a strong desire to make it equal in numbers and interest to those which had been held in the Atlantic cities. A sufficient number of delegates to secure this, could only be obtained by reviving the old organizations, or establishing new ones, both in States and Counties.

The delegates to the *third* Anniversary Meeting of the Association, assembled in "College Hall," Cincinnati, May 7, 1850, and were called to order at 10½ o'clock, A. M., by the President, Dr. J. C. Warren, of Boston. Dr. Strader, of Cincinnati, Chairman of the Committee of arrangements, presented and read a list of the delegates who had registered their names. The number actually present during the session was about three hundred.

The proper business of the Association was commenced by a formal and interesting Address from the President, Dr. Warren; after which a committee of one from each state represented, was appointed to recommend candidates for officers of the Association during the succeeding year. During the afternoon session, the reports of the Treasurer and Committee of Publication were presented and appropriately referred. The reports on Medical Education and Hygiene were also received. The latter was read in part by the Secretary, and referred to the Committee on Publication. The former was made the special order for considera-

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tion at the commencement of the next morning session. The Committee appointed to nominate officers, reported the following, viz:

PRESIDENT,

REUBEN D. MUSSEY, of Ohio.

VICE-PRESIDENTS,

J. B. JOHNSON, of Missouri. DANIEL BRAINARD, of Illinois.
A. LOPEZ, of Alabama. GEORGE W. NORRIS, of Penn'a.

SECRETARIES,

ALFRED STILLE', of Penna. H. W. DE SAUSSURE, of S. C.

TREASURER,

ISAAC HAYS, of Pennsylvania.

This report so far as it related to the President was not satisfactory to a large portion of the Association, and it elicited some discussion, in which Drs. Storer, of Boston; White, of Buffalo; Watson, of N. York; McNally, of Ohio, and Yandell, of Kentucky, participated. Many claimed that the office belonged properly to the late Daniel Drake, of Cincinnati. But under a call for the previous question, the report of the committee was adopted, and the Association adjourned until 9 o'clock, A. M.

On re-assembling in the morning, Dr. Bowditch, of Boston, called the attention of the Association to the death of the late Professor J. P. Harrison, of Cincinnati, previously one of the Vice-Presidents, and offered a series of appropriate resolutions, which were unanimously adopted. Dr. Mussey, on being conducted to the Chair with the rest of the newly elected officers, rendered his acknowledgements for the honor conferred, in a brief and sensible address. After some other unimportant business, the *special order* of the day was called for, and Dr. T. W. Blatchford, of Troy, N. Y., presented the report on *Medical Education*, which was read by the Secretary, the Chairman of the Committee being absent. The Chairman of the Committee on Medical Education and author of the report under consideration, was Dr. Joseph Roby of Baltimore. The report was very brief, containing little else than a summary statement of what had been done by previous Committees, and what had been advised by the Association in reference to the education of the profession.

It contained no new propositions, and recommended no additional action on the part of the Association. After some discussion and the correction of one or two errors in relation to Colleges of Pharmacy, the report was referred to the Committee on Publication. Dr. T. W. Blatch-

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ford, of Troy, N. Y., then offered the following preamble and resolutions, at the same time expressing his decided disapprobation of the report last referred to.

"WHEREAS, this Association has learned through its several Committees, appointed from year to year, to examine into the state of Medical Education in our country, that many of the Medical Colleges invested by law with the power of granting degrees, still continue a system of instruction, which we cannot but regard as defective both in the time allotted to the delivery of Lectures, in the attention paid to Practical Anatomy, in the facilities afforded for Clinical instruction, and in the low standard of the requirements for a degree, therefore,

"*Resolved*, That this Association reiterates its former recommendations upon these points, and would urge upon the Medical Colleges to continue their efforts to elevate the standard of Medical Education, by adopting such changes in their courses of instruction as shall satisfy the reasonable and just desires of the profession.

"*Resolved*, That the thanks of the American Medical Association are due to the Faculties of the University of Pennsylvania, and of the College of Physicians and Surgeons of New York, and all other institutions which may have conformed to our recommendations, for their prompt response to the recommendations of the Association, for the improvement of Medical Education."

These resolutions gave rise to a discussion which occupied the whole of the afternoon session. Early in the morning session, the subject was again taken up, and on motion of Dr. J. R. Wood, of New York, the Association resolved itself into a Committee of the whole, with Dr. Knight, of Connecticut, in the chair. Another lengthy discussion took place, during which amendments were offered by Drs. Lawson and Drake, of Ohio; Dr. Gross, of Kentucky; and Dr. Theobald, of Maryland. Many members took part in the discussion, among whom were Drs. Annan, Miller and Gross, of Kentucky; Dr. McPheeters of Mo.; Drs. Drake and Lawson, of Ohio; Drs. Parrish, Stillé, and Morris, of Pa.; Dr. J. R. Wood, of New York; Dr. Lopez, of Alabama; and Dr. N. S. Davis, of Illinois. It all ended in the adoption of the following resolution offered by Dr. Casper Morris, of Pa., as a substitute for all those previously offered by Dr. Blatchford and others, viz:

"*Resolved*, That the recommendations of this Association at its former meetings, in regard to *Medical Education*, be re-affirmed, and that private preceptors be still urged to receive into their offices only those, duly qualified by previous education to engage in the study of medicine."

The Committee of the whole rose, reported this resolution to the Association and it was adopted.

Closely allied to the subject of Medical Education, is that of Medical

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Literature. Dr. A. Stillé, of Philadelphia, Chairman of the Standing Committee on that subject, presented and read a lengthy and very interesting report, which closed with the following resolutions, viz:

"*Resolved*, That the Association regards the cultivation of Medical Literature as essential to professional improvement, and as adapted to form one of the broadest lines of distinction between physicians and all pretenders to the name.

"*Resolved*, That in the opinion of this Association it is equally the duty and the interest of the profession, to sustain its periodical literature, both by literary contributions and subscriptions.

"*Resolved*, That since literary excellence is best developed by literary studies, the formation of Medical Reading Clubs, after the plan set forth in this report, is urged especially upon physicians in places where the periodical and other medical publications of the day, are not readily accessible upon other terms.

"*Resolved*, That the Standing Committee on Medical Literature, be instructed to report to the Association at its next meeting, what American Medical work, published during the year of their service, in their judgment is the most valuable—and that with the consent of the Association, such work shall be formally proclaimed by the President.

"*Resolved*, That State and Local Societies are hereby recommended to offer pecuniary rewards or other distinction, for the best memoirs founded on original observations.

"*Resolved*, That Medical Colleges are hereby recommended to distinguish the best inaugural thesis of every year, by a public announcement of its subject and the name of its author, and by such other means as they may deem appropriate.

"*Resolved*, That the sum of one hundred dollars, raised by voluntary contribution, be offered in the name of the Association for the best Experimental Essay on a subject connected either with Physiology or Medical Chemistry, and that a committee of seven be appointed to carry out the objects of this resolution: said committee to receive the competing memoirs until the first day of March, 1851, the authors' names to be concealed from the committee, and the name of the successful competitor alone to be announced after the publication of the decision."

These resolutions were considered and adopted, and a committee appointed to receive and examine such essays as should be presented for the Prize.

The measure recommended in the last resolution quoted above, has been carried out from year to year, and has proved of great value to the profession, and the cause of several most important additions to our medical literature.

Besides the usual Standing Committee on Medical Literature, the Association at its Annual Meeting in Boston, appointed a Special Committee consisting of Drs. Horner, Condie, and Hays, of Philadelphia,

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"to consider the measures suggested in the Report on Medical Literature for 1849." This Committee made a brief report, to which was appended the following resolution, viz:—

Resolved, That in the opinion of this Association, the only legitimate means within our reach for the encouragement and maintenance of a National Medical Literature, is to increase the standard of preliminary and professional education required of those who would enter the medical profession; to promote the circulation among the members of the profession of the medical journals of the day; to induce every practitioner to cultivate with care, the fields of observation and research that are within his reach."

This resolution, together with the following offered by Dr. Gross of Kentucky, were adopted by the Association without opposition.

WHEREAS, the interests and the dignity of the medical profession of the United States, as well as the true spirit of patriotism, and a love of independence, demand that we should use all proper and honorable means for the establishment of a National Medical Literature, and whereas, we have hitherto paid too blind and indiscriminate a deference and devotion to European authorities, and not sufficiently patronized and protected our own: therefore,

"*Resolved*, That this Association earnestly and respectfully recommend to the medical profession generally, and to the various medical Schools in particular, the employment of native works as text-books for their pupils, instead of the productions of foreign writers.

"*Resolved*, That the editing of English Works by American physicians has a tendency to repress native literary and scientific authorship, and ought therefore, to be discouraged by all who have at heart the objects contemplated in this preamble.

"*Resolved*, That this Association will always hail with satisfaction, the reprint in their original and unmutilated form, of any meritorious works that may emanate from the British Press."

The reader will perceive that the subject of medical literature occupied a prominent place among the topics considered at this meeting of the Association. And the unanimous vote by which the resolutions offered by Dr. Gross were adopted, has had a visible influence on American writers and publishers; so much so indeed, that most of the English works recently re-published in this country, have appeared without the name of an American Editor on the title page.

As a further measure intended to encourage and sustain our National Literature, the meeting at Boston appointed a special committee to prepare a memorial to Congress in favor of an *International Copy-Right Law*. At the present meeting, Dr. G. B. Wood of Philadelphia, Chairman of said special committee, reported a memorial which was adopted by the Association, ordered to be signed by its officers, and transmitted

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to Congress. This memorial contains the following elegant and truthful paragraph in relation to the nature and influence of a National Literature of our own.

"There is another consideration of importance connected with this subject. Our institutions are peculiar, and, in order to be legitimately carried out, should not only be well understood by all concerned, but should be supported by habits of thinking and feeling in the community, in full accordance with them.

But how can this object be accomplished, when the great mass of our literature is of foreign origin, when, of the books which tend to form the character and mould the opinions and mental habits of the reading classes, perhaps nine-tenths are the production of authors born and educated under a different political system, with predilections for manners adapted to other forms of Society, and altogether unsuitable guides for the young minds of this country. By allowing equal opportunities for the literary tendencies and genius of our population, considering the much larger proportion among us than in almost any other country, of those who are so far educated as to come within the capacity of literary effort, there can scarcely be a doubt that we shall soon exhibit the same relative progress, in the various branches of authorship, as in all other departments of human action and industry.

Our literature will start forward at a rate that will probably astonish the world as much as our progress in the arts, in wealth, and in all the physical comforts of life. It will have the advantage, moreover, of conformity with our institutions. It will intertwine itself with the popular feelings, convictions and habits, imparting to them consistency, strength, and durability, growing with their growth, at once giving and receiving support, and, above all other means, adorning, ennobling, and strengthening the national character."*

These are just sentiments, and such as should be strongly impressed on the minds of the reading portion of the public. If the literature *produced* by a nation constitutes a true exponent of the national mind and character, so the literature actually read by a nation exerts an irresistible influence in moulding the national mind and shaping the national destiny. What is thus true of the nation as a whole, is equally true when applied to any one class or profession belonging thereto.

Besides the action of the Association in reference to medical education and literature, there were presented at this meeting interesting and detailed reports from the Standing Committees "On Medical Sciences,"

* See Transactions of American Medical Association, Vol. iii., p. 215.

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by Usher Parsons, M. D., of R. I.; "On Practical Medicine and Epidemics," by J. K. Mitchell, M. D., of Philadelphia; "On Surgery," by R. D. Mussey, M. D., of Cincinnati; "On Public Hygiene," by J. M. Smith, M. D., of New York; and several special reports on various topics of interest. All these are to be found in the volume of published Transactions for that year. The only paper read to the meeting of the Association in Cincinnati, founded on original physiological investigations, was a short one, by N. S. Davis, M. D., of Chicago, Illinois. It contained matter of sufficient importance to attract attention both in this country and in Europe. John Evans, M. D., of Chicago, also exhibited a new instrument designed as a substitute for the Midwifery Forceps, called the Obstetrical Extractor. He read a report of several cases illustrating its application and advantages.

These papers, together with one of greater length from Stephen W. Williams, M. D., formerly of Deerfield, Massachusetts, containing brief biographical sketches of a considerable number of American Physicians who had died within the last few years, were published in the volume of Transactions in the form of an Appendix.

Among the most important papers read at this meeting and published in the Transactions, are three from the Committee on Hygiene. One is from the Chairman, Dr. Joseph M. Smith of New York, "on the *Sources* of *Typhus Fever*, and the means suited to their extinction." He attempts to show that the fever arises, not from a specific contagion, but from *human excretions*, and enters into some elaborate examinations and estimates for determining the kinds and quantities of such as are specially concerned in its production.

The second paper is "on the Sanitary condition of Massachusetts and New England," by Edward Jarvis, M. D., of Dorchester, Massachusetts.

The third is "on the Hygienic characteristics of New Orleans, by J. C. Simonds, M. D."

With one trifling exception, the business of the meeting at Cincinnati was conducted with propriety and good feeling. The exception to which I allude, was an attempt on the part of one of the Delegates from Cincinnati to bring before the Association a mere local and personal feud, for which he was speedily called to order. The unusual reluctance, which was manifested by a portion of the members, to confirm the report of the Nominating Committee, making Dr. R. D. Mussey president of the Association, arose from no personal dislike to or want of respect for Dr. M., but from their strong attachment to Dr. Drake. It was not because they loved Cæsar less, but they loved *Rome more*.

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The example first presented at the meeting of the Association in Boston, of setting apart one evening for a general entertainment provided by the local profession, was followed at Cincinnati, and was made the occasion of much social and intellectual enjoyment. The material bounties were provided in great abundance and variety, but without the prodigality of expenditure, and profusion of strong drink, which have since brought these social occasions into much discredit. This meeting was the occasion of bringing many eminent members of the profession from the Atlantic cities into the great Valley of the Mississippi for the first time in their lives. Many of them saw, for the first time, the almost boundless fields, and the broad green prairies of the West. To such, it was a season of unusual interest and pleasure; affording a bright page in the brief records of human existence.

Probable case of Poisoning from a slight abrasion by the Thumb Nail.

By D. W. MAULL, M. D.

The impression of the poisonous nature of the nails of the fingers and thumbs, has obtained with many outside the profession, and plausible cases occasionally arise, which favor strongly the received impression, though it is difficult to conceive in what manner these horny appendages of the skin, in their formation identical with the epiderma can by wounding any portion of the body, convey into the system a poison which shall manifest itself generally over the surface. But notwithstanding this view, in our practice we have met with a case which we can reasonably attribute to no other cause than an abrasion or scratch from the thumb nail.

The case we refer to, was that of a young girl, æt. about 4 years, who in the act of being fondled by her father a day or two before his death, which resulted from consumption, received a slight wound under the lower eye-lid, from his thumb nail. Her relatives stated that the wound soon began to inflame, and that an eruption gradually spread itself. She had been thus affected for about a year, when our attention was directed to the case, one or two physicians having previously seen it and prescribed. We found the poison manifesting itself profusely; there being an eruption thickly spread over the face, and at times upon the breast, head, and upon the hands when they were brought much in contact with the virus. Her eyes had been closed for a period of about two months, she being unable to open them, on account of the secretions

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being so abundant and vitiated as to clog them. There was an almost constant discharge from the nose, of a matter resembling that from the Schneiderian membrane in the resolving stage of a catarrh: no disposition for sport with other children; languid; seldom spoke except when interrogated; forming upon the whole, an exceedingly sad spectacle of physical suffering in a child.

Treated her somewhat upon the homœopathic principle—that of *similia similibus curantur:* prescribed two drops of Liq: Potass: Arsen: ter die, and directed the eruption generally, to be anointed with the Ung: Hydrarg: Fort: and in addition ordered some laxative medicine. In the space of three weeks the child had almost completely recovered.

It may be well to observe that the possibility of the child's coming within the sphere of the influence of the Rhus Toxicodendron or poison oak, was precluded by her age and other attendant circumstances, though there are many persons who are very easily affected by this shrub, the properties of which manifest themselves very abundantly at times.

GEORGETOWN, *Delaware, Oct.* 18, 1854.

BIOGRAPHY.

Biographical Sketch of R. D. Mussey, M. D.

DR. R. D. MUSSEY was born in New Hampshire, Rockingham County, Pelham Township—on the 23d of June, 1780. His father, Dr. John Mussey, a respectable country physician, was unable to make much provision toward giving the son an education, though he early expressed a wish to do so.

When R. D. M. was eleven years old, his father removed to Amherst, N. H., where the son had the benefit of some weeks' instruction in the winter, at the District School. He was taught by his father the elements of Latin, and at the age of fifteen, was sent to the Aurean Academy at Amherst. At this School, he acquired such knowledge of Latin and Greek, and other studies, as qualified him for entering Freshman in one of the New England Colleges; but seeing no readier way of obtaining the requisite means, he employed himself on the farm in summers, and taught school in the winters. He commenced teaching in his sixteenth year, and continued thus to employ his winters, until he entered in 1801, the Junior Class in Dartmouth College; having laid by a little

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from teaching, and being encouraged to hope for some aid from his father. The winter vacations in College, he spent in school teaching, as he had done the winters before.

At College, he sustained the reputation of a respectable scholar, and was regarded by his own and the preceding classes, as occupying a standing in the first third of his class, which was larger than the then average classes, numbering forty-five. He was graduated in August, 1803, and immediately entered upon the study of medicine, as a pupil of the late, and very eminent, Dr. Nathan Smith, founder of the Medical School of New Hampshire.

The next summer, he taught an Academy in the town of Peterborough, N. H., to recruit his finances, at the same time diligently pursuing his medical studies, under the direction of Dr. Howe, of Jaffrey, N. H. The remainder of his professional studies was under the supervision of Dr. Smith.

After a public examination, at which he defended a Thesis on Dysentery, he received the degree of Bachelor of Medicine, in August, 1805.

Early in September of that year, he commenced the practice of his profession in the South Parish of Ipswich, now Essex—in Essex County, Massachusetts. Here he had no competitor,—his predecessor, who had monopolized the practice of the Parish, being in the last stage of pulmonary consumption. At this place he remained three years,—then collecting his dues, had sufficient means to carry him to Philadelphia, where he remained nine months. He put himself under the instruction of Dr. Benjamin Smith Barton, Professor of Materia Medica, and attended in the ensuing Spring, his Botanical Lectures, after a full course of Lectures in the University of Pennsylvania. In 1809, he received the degree of M. D. from this Institution, which at that period enjoyed a high and wide reputation, attracting students from all directions and great distances.

The Professors at that time were Drs. Rush, Wistar, Physic, Dorsey, Barton, Woodhouse—Drs. Chapman and James supplied the place of an Obstetrical Professor in Lectures, which all the graduating students attended.

At this time, and for some years previous, Dr. Rush had taught, in the physiological part of his course, the doctrine of the non-absorption of the human skin. He was strengthened in his belief by some experiments made by two young physicians of Philadelphia, in which the experimenter breathed through a tube, fastened to his mouth at one end, while the other passed through the wall into a distinct apartment, to

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which fresh air was freely admitted; his body being rubbed at the same time with various odorous substances—as oil of turpentine, asparagus, &c. It was alleged that none of these odors were detected in the secretion of the kidneys, and the doctrine of non-absorption was regarded by part of the profession as fully established.

Dr. Mussey pursued a different course. He immersed himself for three hours in a madder bath, in which three pounds of madder were diffused in sufficient water to cover the body and limbs. During the two following days, the urine exhibited a bright red color, on dropping into a specimen of it a small quantity of a solution of caustic alkali.

This experiment was repeated, with the same results;—and they were made the basis for a Thesis at his graduation. These results, so undeniable, were peculiarly gratifying to some members of the Faculty, and of the profession generally, who had never been fully satisfied of the correctness of Dr. Rush's views. After his graduation, Dr. Mussey pursued a series of experiments with colored substances, with a view to ascertain whether any others would enter the circulation, through the skin. The coloring matter of rhubarb was as easily detected, after a bath of its infusion, as that of madder—an application of the alkali, as before, producing a reddish-brown color.

These experiments were repeated, till there could be no mistake as to the facts. Several other colored substances were tried; as indigo, arnatto, redwood and logwood; but if either of these passed into the circulation, their coloring matter must have been changed, inasmuch as neither of them could be detected in the urine.

One experiment was made with cochineal. A pound—or a pound and a half—of that article was ground fine, and mixed with sufficient warm water for a bath. After an immersion of three hours, the liquid muriate of tin, a well-known mordant for the color of cochineal, was employed as a test in the urine,—but no coloring matter was detected.

Another experiment was made by Dr. M., which might have been regarded as not without risk. He immersed himself for three hours in a strong infusion of nut galls, and then went into a strong solution of sulphate of iron, lying in that three hours more. No ink was found in the urine. He opened a vein in his hand, to ascertain if the serum of the blood exhibited anything peculiar. After obtaining about an ounce and a half of blood, it ceased to flow, and exhausted by his long immersion, Dr. M. sank faint upon the floor. The serum of this blood had a tinge slightly different from that of common blood, and was slightly coagulated —resembling very much the serum of common blood, in which a quan-

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tity of powdered nutgalls had been stirred up and allowed to settle; leaving the inference, that some portion of the nutgalls had probably passed into the circulation.

The Doctor was not disposed to repeat the experiment—but was a week or two in regaining his accustomed strength and activity.

None of these experiments have ever been published, except those made with madder and rhubarb;—although the minutes of them still exist, in Dr. Mussey's possession. As a matter of course, they excited at the time, not a little discussion among the profession at Philadelphia; and it is said that some gentlemen,—one of whom at least, before referred to,—had made experiments with odorous bodies, proceeded to repeat Dr. Mussey's experiments, with certain precautions, which they alleged, he ought to have taken, viz:—they plastered up very carefully the outlets of the body, and then went into the madder and rhubarb baths. Notwithstanding these precautions, they readily detected the foreign coloring matter in the urine. They varied their experiments somewhat, and at length made the announcement, that they had found only a few patches upon the body, which were capable of imparting these substances to the circulation by absorption or imbibition. These patches were inside of the leg, and thigh, and arm. The teachings of Dr. Rush, after this, were somewhat modified; he admitted that madder and rhubarb had a very "penetrating quality," and were capable of finding their way into the circulation, through certain points only. In this he was followed substantially, by Dr. Chapman, the late Professor of Theory and Practice in the same Institution.

All this was, soon after, effectually refuted by experiments made, at the request of Dr. Mussey,—by his friend the late Dr. Sewall, of Washington City—then resident in Massachusetts. He immersed his hand and wrist, and afterward his foot and ankle—for periods of eight and ten hours,—in a madder bath—repeating the experiments, and finding, upon each examination, plenty of madder in the urine.

Dr. Mussey, on returning from Philadelphia, settled in Salem, Massachusetts, a town of twelve thousand inhabitants, a dozen miles from Boston. In this place, he soon formed a professional partnership, with that excellent and learned man, Dr. Daniel Oliver, afterward Professor of Medicine in the Medical Institution of New Hamshire. During their professional connection they gave, in two successive years, two courses of popular lectures on Chemistry—at that time a novel enterprise in that town.

Dr. M. remained in Salem between five and six years, most of the time largely occupied in professional practice. During the last three

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years of that period, his obstetrical practice was larger than that of any other physician in the town—amounting in average, to a fraction over three cases a week, for the whole time. While in Salem, he also performed a considerable number of surgical operations—especially upon the eye.

In the autumn of 1814, he accepted an invitation to the Professorship of Theory and Practice of Physic in the Medical School of Dartmouth College.

In the changes which occurred in the Medical Institution, connected with the attempt of the Legislature to wrest the Charter from the Trustees of Dartmouth College, Dr. M. was requested to give the Lectures on Chemistry for one session; which he did, to very general acceptance—seldom, or never, failing in any experiment which was, at that period, considered necessary for the illustration of chemical principles. After the decision of the Dartmouth College question, by the Supreme Court of the United States, in 1819, so ably and triumphantly argued by the great Alumnus of the College, Daniel Webster—Dr. Mussey was appointed to the Professorship of Anatomy and Surgery. At this time he judged it necessary to commence the study of Anatomy, as it were, *de novo;* and having then a somewhat large professional practice, he was compelled to hard work by day, and frequent encroachment upon the night, in order to give his two daily lectures, during the term, and to meet the calls of his patients.

Until the close of the session in 1838, he continued to instruct in these branches—and in addition, gave lectures for a time on Materia Medica, and also on Obstetrics, to meet occasional exigencies of the College. In the summer of 1817, he gave a course of Lectures on Chemistry at Middlebury College, in Vermont.

Early in December, 1829, Dr. Mussey left Hanover for Paris, where he remained several months, attending the Hospital Cliniques. During this absence, he passed several weeks in London, visited many of the provincial Hospitals, and Museums of Anatomy, as well as those of the metropolis; and formed the acquaintance of many distinguished professional gentlemen.

From this absence of ten months he returned in season to complete his College duties, by giving double and treble lectures in the session of 1830.

At this time, the Medical School of Maine, having lost by death its Professor of Anatomy and Surgery, invited Dr. Mussey to give the Lectures in these branches; which he did, for four successive winters—the

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session in Maine commencing after that in New Hampshire had closed.

For two successive seasons, in 1836 and 1837, after the close of the New Hampshire session, Dr. M. went to Fairfield, Herkimer Co., N. Y. to give the lectures on Surgery, in the College of Physicians and Surgeons located there, an Institution then very flourishing, but some years afterward given up.

In the fall of 1838, Dr. M. worn with the laborious country practice in a cold climate, and looking to his future, as probably of longer usefulness in a city, accepted an invitation to the Professorship of Surgery, in the Medical College of Ohio, at Cincinnati, and removed thither with his family. In that Institution, for fourteen successive years, he gave the Lectures on Surgery, besides having charge of the Surgical Department of the Commercial Hospital of Cincinnati, and sustaining a full practice.

At the close of his fourteenth course there, Dr. M. resigned his chair in the Medical College of Ohio, and in the course of the ensuing summer, 1852, consented to take the Professorship of Surgery in the Miami Medical College in Cincinnati; in which he has already given two full courses of lectures, and has had charge, through the sessions, of the Surgical Department of St. John's Hospital, (1854).

At, and before the time of Dr. Mussey's visit to Europe in 1830, the doctrine of the non-union of intra-capsular fractures of the neck of the thigh bone, was taught by Sir Astley Cooper, and admitted by many distinguished members of the profession in Great Britain. Dr. M. carried with him a specimen, which, in the opinion of several surgeons both in Paris and London, satisfactorily demonstrated the fact of such bony union. When this was shown to Sir Astley, he at first remarked, "This was never broken." After a more careful inspection of it, especially its interior, which had been sawed into two vertical portions to render it accessible to the eye, he remarked, "This does look a little more like it, to be sure, but I do not think the fracture was entirely within the capsular ligament." Few surgeons who saw the specimen, had the assurance to deny that it was a case of bona fide fracture. That distinguished surgeon, Mr. John Thompson, of Edinburgh, author of a treatise on inflammation, valuable in its time, did however, upon taking the specimen in his hand, declare "upon his troth and honor," that it had never been broken. This opinion, given with an ex-cathedra emphasis,—foreclosed all further conversation. Since that time, Dr. Mussey has procured several specimens which prove indubitably a bony re-union of this intra-capsular fracture.

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Before his visit to Europe, Dr. M. had operated upon a young man, for a large, bleeding, and ulcerated Nævus, upon the vertex of the head—by tying in succession, both carotid arteries, at twelve days' interval,—and a few weeks afterwards, removing the tumor. An account of this case, contained in the "Am. Journal of the Med. and Phys. Sciences," for February, 1830, had been received in London a short time before Dr. M.'s arrival there. As this was the first published case of tying both carotids, it necessarily excited some interest in the profession, and enlarged Dr. M.'s facilities of intercourse with its scientific members in that metropolis.

As a physician and operative surgeon, Dr. M. has sustained a prominent rank in the profession of our country. While in New Hampshire he had a widely-extended field for the exercise of his professional abilities; and although he had not the advantage of that close association with medical men, which large cities give, the privation resulted in a more thorough development of his own powers, and a more self-reliant professional judgment.

It was in this period, that he successfully treated, by operation, a case of uni-locular ovarian disease.

Another rather rare operation, was one upon hypertrophied tongue—in a boy of thirteen. The disease commenced at the age of nine months, and at the time of operation, the tongue measured eight inches in circumference where it issued from the mouth, and five inches in length, from the upper lip to the tip of the tongue. The operation was successful. Reported in the Philadelphia Journal.

Another extraordinary case was one of osteo-sarcoma, which commenced in the thumb and fore finger, and for which an operation was performed, consisting of the removal of the entire meta-carpal bone of the thumb, and three-fourths of that of the fore finger. Thirteen years afterward, the disease had invaded the radius, and the os humeri; especially its upper half, which had become very large, and exceedingly painful. At that time, the arm was amputated at the shoulder joint. Six years after this, the patient came a third time to Dr. M., with the same disease, in the form of a large tumor, occupying the greater part of his shoulder blade and collar bone. He was then put upon farinaceous diet, for a month—drinking only milk or water—preparatory to a third operation. This consisted in the removal of the entire shoulder blade and collar bone, and resulted successfully; the first operation of the kind, it is believed, ever performed. This was in October, 1837. The patient is still living, and well. (1854.)

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In Ohio, Dr. M. had, in the summer of 1845, a case somewhat like the preceding. Mr. Stark, from Lower Sandusky, had a very large osteo-sarcoma of the arm, shoulder blade, and outer portion of the collar bone. Dr. Mussey removed the arm, the entire shoulder blade, and more than half of the collar bone. In a letter received from this patient in the spring of 1854, he reports himself *well*, having had no symptom of a return of the disease, since the operation.

In the summer of 1845, Dr. Mussey, for osteo-sarcoma of the lower jaw, disarticulated that bone, removing more than half of it, and accomplishing this without dividing the duct of steno, or the facial nerve. The object was to preserve the symmetry of the mouth for the patient, (a beautiful young lady,) and it was fully realized.

Dr. M. was not at the time aware that the lower jaw had ever before been disarticulated, and a large portion of it removed, without implicating the facial nerve.

Dr. M. has kept no record of the number of his operations, except those of three classes, viz:

Lithotomy, 49; 4 deaths. Lithotrity, 1; successful.

Strangulated Hernia, 40; 8 deaths.

Varicocele, 45; by sub-cutaneous ligation of the spermatic vein, with never a bad symptom following. In all the cases followed out,—and it is believed in the whole number,—a perfect cure.

Dr. M. recollects four cases of successful operation for perinœal fistula; and two for stricture of the urethra, of long standing, and so complete as not to admit the passage of either catheter or bougie, into the bladder. In both cases the recto-vesical tapping of the bladder was practised, as a necessary measure, to prevent speedy death from entire obstruction of the urine. After the subsidence of the irritation, the point of a staff pushed as far as it would go into the urethra, was cut down upon through the perineum, and as no instrument, not even the smallest probe could be passed into the stricture, an artificial canal was made, by passing, without a guide, a straight, narrow, sharp pointed bistoury into the bladder, and was kept open by an elastic gum catheter. In both cases, the wound in the perineum was ultimately healed, and the artificial urethra kept open by the occasional use of the bougie, for the first year, and very rarely afterwards, answered a good purpose. One of the patients, who went to a distant part of the country, was heard from five years after the operation, and was reported to be well. The other, now about thirty-eight years old, still lives in Cincinnati. He stated to Dr. Mussey, in May 1854, thirteen years after the operation, that he sometimes felt a

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slight difficulty in passing his water, but that for some years, he had not, except in a few instances, been induced to pass a bougie.

In a third case of *impervious* stricture, in which there was enough dribbling of urine to prevent the necessity of puncturing the bladder, an operation similar to the foregoing, was practiced within the last eight months, with less satisfactory results. The patient—between fifty and sixty years of age—after a long confinement, with severe symptoms, recovered, and went home able to urinate with a small stream, accompanied at each urination with the discharge of a few drops through a small aperture still remaining in the perineum.

In several instances he has removed the upper, and parts of the lower jaw, for the diseases not unfrequently invading those bones—and within the last ten or twelve years he has had numerous cases in plastic surgery. In three cases, he had fair success, in making an artificial nose, and in one case, failed. In repairing cheeks and lips, lost by sloughing in childhood, he has had several cases, with very satisfactory results.

Within the last two years, Dr. Mussey ligated, at four weeks interval, both carotids successfully, for aneurismal enlargement of the arteries about the ear. Within the same period, Dr. M. obtained a perfect cure by operation, of a recto-vaginal fistula. Both cases are detailed in the Am. Jour. Med. Science, at Phila., 1853.

Dr. Mussey's private character and history remain for a different record. That his life has been full of successful labor, possible only to a firm and energetic perseverance, this professional outline will indicate,—that it has been for many years, controlled by the principles of an earnest and conscientious Christianity, is its better testimony. His attention was roused in early life to the necessity of a Temperance reformation, and his agency in that movement has been not only prominent from the first, but consistently progressive with the growth of public sentiment—unless it may be said to have been at times, in advance of it. For more than twenty years, he has been a water drinker, and for almost the same period, a practical vegetarian, in accordance with what he believes to be the true principles of Hygiene.

LIST OF PAPERS PUBLISHED BY DR. R. D. MUSSEY.

1. Case of tying the Carotid Artery and the Extraction of a Tumour from the Neck. New England Journal, Vol. xi. Oct., 1822.
2. Entrance of Air into the veins while ligating the Sub-Clavian Artery, (recovery.) Am. Jour. Med. Sciences. Vol. xxi., p. 377. 1837.
3. Anæsthesia—Trans. Am. Med. Association. Vol. iii., p. 321. 1850.
4. Case of Excision of Large Tumour on the Neck. Am. Jour. Med. Sciences. Vol. iv. N. S. p. 253. 1842.

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5. Extraordinary Case of Animal Electricity. Vol. xxi. Am. Jour. Med. Science, p. 377. 1837.
6. Congenital Absence of the Meatus Auditorius Externus of both Ears, without much impairing the hearing. Id. p. 378. 1837.
7. Successful Operation for Ovarian Disease. Id. p. 380. 1837.
8. Adhesion of the Walls of the Vagina. Am. Jour. Med. Science, p. 382. 1837.
9. Arm and Shoulder-blade torn from the Body. Id. p. 385. 1837.
10. Exostosis of the Frontal Bone. Id. p. 388. 1837.
11. *Removal by Dissection of the entire Shoulder-blade and Collar Bone. Id. p. 390. 1837.
12. Operation for Enlarged Tongue. Id. p. 396. 1837.
13. Ligation of both Primitive Carotids. Id. p. 397. 1837.
14. Uncommon Case of Aneurism. N. E. Jour. Med. and Surg, Vol. vii., p. 140. 1818.
15. Ligation of both Primitive Carotids, for Arterial Varix. Am. Jour. Med. and Phys. Science. Oct., 1853.
16. Recto-Vaginal Fistula. Successful. Id.
17. Bi-Lateral Lithotomy. Am. Jour. Med. Science. Vol. xi. N. S., p. 545. 1846.
18. Extraordinary Urinary Calculus. Am. Jour. Med. Science. Vol. iv. p. 333. 1829.
19. Excision of the Upper Maxillary Bone. Id. Vol. iv. N. S. p. 509. 1842.
20. Address on Ardent Spirits. Read before the N. H. Med. Society. June, 1827.
21. Prize Essay on Ardent Spirits and its substitutes as a means of invigorating Health. 1837.
22. An Essay on the Influence of Tobacco on Life and Health. 1836.

The late Dr. John P. Hiester, of Reading, Pa.

[We are under obligations to a friend in Reading for the following brief notice of the late Dr. Hiester. Such physicians as Dr. Hiester was, not only adorn their profession, but are an ornament to any community, and the loss of such men is a loss to society. We commend the notice below to our readers, as a model, and hope that we shall be favoured with such notices of prominent deceased members of the profession.—Ed. N. J. Med. Rep.]

Dr. John P. Hiester died at his residence, in Reading, on the 15th of September last. He was born in Berks County, Pennsylvania, on the 9th of June 1803. After receiving an excellent preliminary education, he applied himself to the study of medicine under the direction of the late Dr. John Luther, of Lancaster County, Pennsylvania, who enjoyed considerable reputation as a practitioner. Dr. Hiester graduated at the University of Pennsylvania, in 1827. He commenced the practice of his profession in the country, but after a few years removed to Reading, where he continued to reside until his decease.

Dr. Hiester stood in the front rank of his profession, and in devotion to its duties, both as a student and as a practitioner, he had few equals, no superiors. To the advantages of a complete medical education, and the fruits of a large experience at home, he added the benefit of the ac-

*This case is the same as No. 2.

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quisitions resulting from his industry and acute powers of observation, during a professional visit to the Colleges and Hospitals of Europe, and intercourse with leading men abroad. He was not a mere practitioner, but a close student, alive at all times to the progress of science, and prompt to adopt its discoveries and improvements. He was an active and efficient member of the Pennsylvania State Medical Society, of which he was recently its President, and probably contributed more to stimulate a spirit of inquiry and philosophical research among its members, than any other individual connected with it.

Not only as the skillful and experienced physician was he known and esteemed. Although devoted almost to enthusiasm, to his professional pursuit, he yet found time to cultivate the kindred sciences. He was distinguished as a botanist and chemist, and a geological map of Berks county, was the result of a recent attention to that science. A portion of his leisure hours was devoted to making a complete collection of the plants, the forest trees, and the minerals of the county, all arranged with scientific accuracy and exquisite taste. He was ever the friend of education, and no student or lover of science among the young ever failed to receive his hearty sympathy and affectionate aid.

As a Lecturer before literary and other Associations of learning, Dr. Hiester appeared in one of his brightest phases, and one of his most useful characters, and his absence from their desks will be among the instances in which his loss will be longest and most keenly felt. He possessed an enlightened spirit, a correct judgment, and a benevolent heart; and was ever among the first to take hold of, and aid by his counsels and influence, all enterprises having for their object the moral and social welfare of the inhabitants of Reading. Simple in his habits, unostentatious in the display of his varied acquirements, singularly affable and engaging in his manner, and sincere in his friendships, he was a man with whom acquaintance soon grew into intimacy, and intimacy ripened into love. He enjoyed for many years an extensive practice, and it was in the sick chamber, perhaps, that his sterling qualities of mind and heart were best known and appreciated. Tenderly solicitous for the welfare of his patients, unremitting in his attendance upon them, and ever wakeful to do for them all that the scope of the healing art could afford, to alleviate their pains and sufferings, he endeared himself to them by ties far stronger than those which exist in ordinary professional relations; and to them scarcely less than to his sorrowing family circle, will his death be a source of grief too poignant for the cold words of human sympathy to assuage.

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PROCEEDINGS OF MEDICAL SOCIETIES.

Extracts from the Minutes of the N. Y. Pathological Society.

OCTOBER 11, 1854.

Dr. Clark presented two specimens said to have voided from the bladders of two females. They were very complete filiform animals, five or six inches in length, of a dark brown color, having a flattened body, with a head without enlargement, and simply the abrupt termination of the body. The tail is bifurcate, presenting an opening like a serpent's mouth, which the animal has the power of opening and closing at will. One of the specimens was recent and yet alive, having for a month past been kept in water that had been occasionally changed. The only difference between the specimens consists in their size, the one being twice as large as the other, though of the same length.

Dr. Clark mentioned a third specimen of this animal that had been sent to him, which was said to have been coughed up. It was his opinion that water is the natural element of these animals, and that these specimens did not come from the body, but being accidentally in the vessels into which the urine was voided, or in the third case into which the sputa was discharged, the mistake was readily made of considering them entozoa. The objections to their having come from the body are these. First, the probability that he having seen three of them, they should not have been noted by other observers. Secondly, their color, which if they came from the body, and consequently out of the reach of light, would be improbable; and thirdly, that if born to exist in urine, they could not for an entire month subsist in water simply.*

Dr. Isaacs mentioned having seen some animals discharged from the skin similar to these specimens, and of a black color.

Dr. Uhl presented the stomach of a boy, which had been wounded in its anterior portion in three places. He was stabbed in a scuffle, by a cheese knife, which entered between the cartilages of the seventh and eighth ribs, a little to the left of the median line. The boy lived but six hours. There was a wound in the diaphragm, through which a portion of the stomach was strangulated. Blood was found in the cavity of the left pleura, but none in the abdomen. An animated discussion arose as to the manner in which the wound was inflicted, and as to

* Nov. 16, One of these animals is yet living in water.

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whether there were not two or three separate stabs. No satisfactory solution of the case was arrived at. It was said by Dr. Uhl, that at the trial, the defence would urge that in the scuffle, the boy fell upon the knife.

Dr. Uhl presented the aorta of a man wounded by a pistol ball. The ball entered between the fifth and sixth ribs, four inches below the armpit, passed through the aorta and lower lobe of right lung, and lodged in the integuments of the left back between the sixth and seventh ribs.

Dr. Markoe thought that the established law as to the comparative size of the wounds of entrance and exit made by gun shots, was incorrect. The case of a boy now in the Hospital was referred to, where one ball had passed through both knees without touching the bone, in which case the first external wound was by far the largest of the four. Much however, depends in this respect upon the tension of the parts, the character of the tissue traversed, its proximity to bone, &c.

Dr. Sewall presented the stomach and heart of a man aged sixty-five, a Clergyman by profession, who died very suddenly but a few days ago, and while pronouncing himself improving in health, and directly after an agreeable talk with a near relative. The symptoms were only very generally arrived at. For thirty years he had been an invalid, complaining principally of difficulty of breathing at times, which was referred now to asthma, and again to heart disease. He had furthermore been affected with an irregular capricious appetite, and many indefinite stomachal symptoms, referred in general to dyspepsia. For a year past this latter difficulty had increased upon him, accompanied with occasional vomiting and frequent diarrhœa. He has at intervals vomited considerable blood. For a few weeks past he has more than ever been troubled with dyspnœa, which at times was so severe as to give the sensation of impending dissolution. The feet, hands, and scrotum have been highly anasarcous. Two days before death he vomited a good deal of blood, and for the last month the diarrhœa has been very considerable. He was quite a sufferer also from hæmorrhoids.

Post mortem examination 30 hours after death.—Rigor mortis well established. Chest resonant anteriorly, dull latterly. Hands, feet, and scrotum highly anasarcous. Considerable serous effusion within the cellular tissue about the chest. Lungs healthy, crepitant everywhere, sore at lower right lobe, which is congested. Much frothy scum exudes on incision from upper left lobe. This discharge is elsewhere inconsiderable: no pleuritic adhesions anywhere. About half a gallon clear serum in each pleura. Heart of natural size overlaid with fat. Water poured

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into the aorta slowly makes its way into the ventricles. Aorta and aortic valves dotted with atheroma. The valves are slightly thickened: mitral valves healthy. Muscular structure of the heart flabby. Moderate pressure with the finger penetrates into its substance. Right ventricle engorged with blood, valves healthy. Liver firmly adherent to diaphragm over its right lobe, of natural size, paler in colour than is usual. Gall-bladder empty; spleen healthy; kidneys natural in size, and structure, of a deep red color. Within the capsule of the left was a small abscess, containing four or five drops of thin dark colored pus. Stomach of natural size, containing a small amount of thick reddish mucous. About the middle of its larger curvature is a mass of soft pultaceus matter, of the size of an egg, of brick-dust color, apparently adherent to its mucous coat and projecting into its cavity. There is no abrasion or discoloration of the peritoneal surface at the point of attachment of this mass. Placed in water it separates itself into a filamentous structure, having a ciliary motion in the fluid, and presenting an appearance like that of exaggerated ciliæ. Pyloric orifice and stomach elsewhere, healthy. Peritoneal cavity contains perhaps two quarts of clear serum. Omentum studded with fatty masses of various sizes floating in it. The brain was not examined.

Dr. Clark suggested that the tumour might consist in an hypertrophy of the usual tubes of the mucous surface of the stomach bound together by fibrous tissue. He had seen one so constituted, which was, however, but half the size of this. He said that there was nothing revealed at the post mortem examination to account for the sudden death, but suggested that it might have occurred from apoplexy. He had cognizance of six cases wherein death had occurred instantaneously as a consequence of a sudden effusion of blood around the medulla oblongata, interrupting the function of the respiratory nerves. The specimen was referred for examination.

Dr. Post presented a bone from the external meatus of the ear of a young lady, aged 15 years. She was first seen about four months ago, and was then complaining of intense pain about the ear, which had existed for many months previously. Deep suppuration was suspected about the mastoid process, over which and through the periosteum a free incision was made, from which pus freely escaped. Necrosed bone was supposed to exist at the bottom of the wound, and caustic potash was applied to keep it open. The swelling which had been very great subsided posteriorly, but increased anteriorly after the incision. Three weeks ago at the next consultation, the anterior swelling was found

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greatly enlarged and a fungous tumour prominent and very painful, protruding from the old wound. Ether being given, as the patient was very timid, a free incision was made through the tragus into the external meatus, when there were found two portions of loose bone, and the finger could be passed an inch into the meatus. The patient is now doing very well, and will probably be restored to health, though the hearing is lost on that side. The facial nerve of that side is paralyzed.

Dr. Clark thought that exfoliations of temporal bone were quite common.

The tumour exhibited by *Dr. Post* at the last meeting, and which was referred to *Dr. Dalton* for microscopic examination was pronounced by him to be true cancer.

Dr Dalton exhibited a dog whose spleen he removed eight days ago. The animal is now in good spirits and eats well. He was presented for a peculiar appearance of the eyes, which consisted in the white color of the iris, suggested by Dr. Batchelder as being common in horses who were thence known as wall eyed.

*** The Proceedings of the second October meeting—crowded out of this number—will appear in the January number.—ED. N. J. MED. REP.

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energy in its management, to maintain an honorable position. This, however, we shall not only aim to do, but like the bit of lime on which the streams of gas meet in the hydro-oxygen blow-pipe, we shall endeavor to *eclipse* surrounding objects by the light which we give forth!

MORTALITY THE PAST YEAR.

THE year just closing has been one of pretty general immunity in our country from serious and fatal epidemics. In the early part of the year it was expected that cholera would prevail extensively and fatally through the summer, but, though it did prevail to a considerable extent in all parts of the country, it did not reach that high degree of mortality that was anticipated. Whether this was owing altogether to the character of the epidemic influence, or whether sanitary measures, and improvements in the mode of treating the disease had anything to do with its apparent mildness, we are not prepared to say. From the fact however, that in several instances it did break forth with a severity that baffled the ordinary resources of medical science and art, we are disposed to think that whatever influence sanitary measures, and improvements in the management of the disease may have had, the general epidemic influence was of a milder form than has prevailed on some former occasions.

In Barbadoes, and some parts of Europe, the disease prevailed in its most terrible form, and was awfully fatal.

The Yellow Fever prevailed to a considerable extent in some parts of the south, but did not in many instances reach the high degree of mortality that it did last year. In Savannah and Charleston, it proved fatal to several physicians. Indeed, the mortality among medical men has been very great the past year, all over the country.

In some of the northern cities, the tables of mortality, especially among children, reached a high figure during the summer months, but it is, we think, undeniable, that proper sanitary regulations would have prevented a large amount of the sickness and death that occurred. Corporate bodies may not have souls, but the individual members of those bodies have, and we fear that many of them will have blood to answer for, in that they neglect their official duties too often, in the scramble for loaves and fishes.

The mortality at sea has continued high the past year, and calls for prompt action on the part of Congress, on the bill for the better regulation of our emigrant vessels, now slumbering on its table, while thousands are perishing for lack of the protection it is intended to afford.

By land and on sea, the mortality by fire and "accident," has been

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unusually great. Alas for humanity—terrible is the account to be rendered for the vast sacrifice of human life to the Moloch of money! You and I reader, will be defendants in that court—have we done what we could, by influence and example, to prevent mortality from this cause?

In Europe, as if human life were a thing to be trifled with—as though it were not enough that man dies from natural causes, and from his own imprudence, and that of his fellow man, we find army arrayed against army in terrible conflict, and thousands swept into eternity in an hour, by means of grape-shot and the Minié rifle. Sickness too, among the troops, is doing its share of the work of death. May the Almighty preserve our land from the horrors of war!

OUR LATE COLLEAGUE, DR. PARRISH.

WE are sorry to be compelled to disconnect the name of Dr. Parrish with the Editorial management of the REPORTER. His constitution, which has for some years been rather feeble, has, during the past year developed a tendency to serious disease of the lungs, leading to a recommendation on the part of his medical advisers, to seek recovery by a residence in some more southern latitude. In accordance with this recommendation, he expects to leave soon for one of the southern States, where he will, for a time at least, reside.

His pen, however, will still be employed in enriching our pages, and he will endeavor to advance the interests of the REPORTER wherever he may be. His illness has prevented him from contributing much to our pages for the past two months, and rendered necessary the postponement of some Book Notices, and other matters which were intended for our present number.

ERRATA.—We would call the attention of our readers to the following errors. On page 421—in Dr. Johnson's article—first line for "*strictures*" read *structures*—on p. 422, 12th line from top, for "*come up*" read *some up*.

NECROLOGICAL RECORD.

DR. WILLIAM TURK, U. S. N., who died on the 20th inst., at Newark, was the oldest Surgeon but two on the Navy List. He was born in the city of New York, was a graduate of Columbia College, with the class of 1796. He entered the Navy as a surgeon's mate, in the year 1800, made a cruise as Acting Surgeon of the U. S. Brig *Richmond*, after which, the Navy being reduced, he resigned his commission, (although he appears by the "Navy List" as having been in the service up to 1812, which is a mistake.) Soon after the war was declared with Great Britain he re-entered the Navy as a Surgeon in 1813, was actively employed in our frigates at sea during the war, also at Craney Island and Baltimore, where our seamen were engaged, and has since seen much service, afloat and on shore, in the varied duties of fleet and Hospital Surgeon, until disease and the infirmities of age rendered him unfit for further active duty. He was loved and respected by a large circle of relatives and friends, and died with the Christian's hope, at the advanced age of 77 years.—*Daily Times.*

Died, at Corpus Christi, on the 17th ult., Surgeon G. T. TURNER, U. S. Army, aged 40 years.

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ECLECTIC AND SUMMARY DEPARTMENT.

Remarks upon the use of Beverages in Sickness. By L. A. DUGAS, M.D.—Without intending for a moment to undervalue the importance of a judicious selection of the more active remedial agents in the treatment of disease, the writer nevertheless feels persuaded that much of the success of these, very often depends upon the use of proper adjuvants. The signal advantages frequently derived from the opportune administration of an enema, a foot bath, cold effusion to the head, or even a cup of tea, broth, or gruel, must have been obvious to every discerning practitioner. And yet, it is only at the bed-side that the young physician can derive much information upon the subject, as these matters of detail, cannot be or are not included in such works of general practice as are usually placed in their hands. Treatises and Lectures upon the general principles of Practice are unfortunately but little relished by students, while they read and listen with avidity to specific plans of treatment, and never fail to note down any *recipe* that may be proposed. The more violent, heroic and perturbating methods are, however, gradually giving way to milder and more judicious medication; and palliatives consequently increase in importance. The skill of the practitioner will be found to consist more in the relief of existing symptoms, than in the prescription of special formulæ learnt by rote and aimed at a name.

The use of aqueous beverages, especially in acute affections, is now so common that it cannot be a matter of indifference whether the patient partake of the one or the other of the many varieties ordinarily resorted to. The belief that the water they contain is the sole agent of value in their administration, is too exclusive and prevails to too great a degree. By the ingestion of large quantities of water, and the great facility with which it is imbibed by the coats of the stomach and intestines, carried into the portal system, and from thence introduced into the general circulation, the blood is diluted and rendered less plastic, whilst the repletion of the vessels thus induced, gives increased activity to the emunctories—viz., the skin, lungs, and kidneys. The experiments of Magendie demonstrate very satisfactorily that the secretions are increased in a direct ratio with the repletion of the blood-vessels, and vice versa; that absorption is promoted in proportion to the diminution of the circulating mass. While, therefore, in the treatment of acute diseases, which are generally inflammatory, copious beverages are usually found to be useful, by diminishing the plasticity of the blood, and promoting the elimination of noxious or effete principles, their propriety is very questionable when it becomes necessary to favor absorption, as is frequently the case in chronic engorgements, serous effusions, or other deposits. When venesection is practiced, the volume of blood abstracted is very soon replaced by water; whereas, by withholding such beverage, the

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partial vacuum of the vessels brings into them the circumjacent fluids with whatever disintegrated matters they may hold in solution. Thus it is that we may satisfactorily account for the agency of depletion and abstinence in the promotion of absorption. Yet it cannot be a matter of indifference whether the drink be acid or alkaline, stimulating or sedative, mucilaginous or acrid, laxative or astringent, nutricious or not. We resort daily to beverages which, in addition to the diluent property of water, unquestionably present one or more of the peculiarities just referred to; and we should endeavor to select such as may be best adapted to each particular case. A brief enumeration of some of those in common use, and an appreciation of their peculiarities, may enable us to present our views more forcibly. They may be advantageously arranged under distinct heads, indicative of their most prominent properties.

DILUENTS.—Of all beverages, water, at the ordinary temperature of spring or well water, will be generally found the most agreeable, as well as the best, when the desired effect be simply to allay thirst or to dilute the blood. Indeed, the cravings of nature so strongly indicate the propriety of cold water as a beverage, in the fevers of our climate, that one cannot look back without a sense of horror upon the time when patients were pertinaciously denied this luxury, notwithstanding their heart-rending entreaties; when they were compelled to linger through long attacks of sickness, with parched lips and cracked tongue, lest a sip of cold water might perchance disagree with the stomach, check the perspiration, or expose them to mercurial salivation! In no particular has modern practice displayed more good sense and humanity, unless it be in the abolition of chains and the lash in the treatment of insanity, than in allowing the sick the free use of cold drinks, especially in Southern fevers. A draught of good cold water will often act like a charm, quieting the stomach, and inducing copious excretions from the skin, kidneys and lungs.

The facility with which ice is now procured in most of our towns, has led to the very free use of iced water; and, however grateful and beneficial this may be in many cases, there are circumstances in which the propriety of its use is at least questionable. In irritability of the stomach, with or without phlogosis of this viscus, iced water very generally gives great relief; but in affections of the bowels we think it decidedly objectionable. In both diarrhœa and dysentery, its bad effects are almost immediately marked by the supervention of pain and a desire to go to stool. It should also be avoided in all colicky affections, whether partaking of the nature of obstructions, of spasms or of flatulency. In bowel affections we always give the preference to warm or hot drinks. According to our bed-side observations, iced beverages should be also avoided in pulmonary diseases, and in affections of the head. We have frequently found them to induce paroxysms of coughing and dyspnœa in lung complaints, as well as pain and cerebral disturbance in affections of the brain, while tepid or warm drinks do not produce such effects. The rationale of such consequences is so evident as scarcely to need an

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BIBLIOGRAPHICAL NOTICES.

A Systematic Treatise, Historical, Etiological, and Practical, on the PRINCIPAL DISEASES OF THE INTERIOR VALLEY OF NORTH AMERICA, *as they appear in the Caucasian, African, Indian, and Esquimaux varieties of its population.* By DANIEL DRAKE, M. D. Edited by S. HANBURY SMITH, M. D., &c., &c., and FRANCIS G. SMITH, M. D., &c., &c. *Second Series*, pp. 985. Philadelphia: Lippincott, Grambo, & Co., Publishers, 1854.

OUR readers are no doubt aware, that the first series of Dr. Drake's great work on the *Diseases of the Interior Valley of N. A.*, appeared in 1850, when it was announced that the remainder would shortly be forthcoming. But while he was earnestly engaged in arranging the materials, which had been collected by years of patient observation and study, his labors were arrested by the hand of death. He died on the 6th of November, 1852. On page 375, Vol. vi, of the REPORTER, will be found an obituary notice of him, with an account of his labors, accompanied by a portrait. The first series of his great work was occupied principally with the medical topography and ethnography of the interior valley, in connection with the etiology of its principal diseases.

The volume before us is occupied with a description of the principal diseases of the Mississippi Valley, with their treatment. The contents of an extensive work, like the one before us, cannot of course be critically examined in our pages, without the sacrifice of more space than we can give to notices of new publications. We must, therefore, content ourselves with such a notice of the work as a brief examination of its contents seems to call for.

Dr. Drake is a clear, forcible, *elegant* writer, and his book is one which the practitioner can take up and read as a *recreation*, when fatigued with the labors of the day. In short, the work is invaluable to the physician, nor is its value confined to the trans-Allegheny practitioner alone, but both series should be found in the library of the physician in all parts of the country.

The work is one of the most original ever published this side the At-

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lantic, and will long stand as a monument to the industry and talent of its author, and to the credit of American authorship.

The Publishers, Lippincott, Grambo, & Co., have got up the volume before us in a style commensurate with its value. It is a magnificent volume of nearly 1000 pages, substantially bound, well printed, with clear type, on good paper, and is creditable to the taste of the publishers. L. G. & Co., are the publishers of the principal medical works of American authorship, and they deserve the thanks of American physicians for the aid and encouragement, they are ever ready to extend to native talent. S. W. B.

Notes of M. Bernard's LECTURES ON THE BLOOD, *with an Appendix.* By WALTER F. ATLEE, M. D. pp. 224. Lippincott, Grambo & Co.: Philadelphia, 1854.

We have been much pleased with the perusal of this little work. In a course of medical study, a knowledge of the anatomy and physiology of the blood may be regarded as fundamental, and equally interesting as important. M. Bernard is a careful observer, and an accurate and thorough experimenter, and manages to throw around his subject an unusual degree of interest. His experiments are numerous, many of them performed in the presence of the class, and none of them projected without some important scientific bearing. In his analysis of the physical properties of the blood, of the changes it undergoes in the round of the circulation, and the phenomena with which it is associated in the different organs, we believe many new views are presented, and sustained too by inductions not merely plausible. His experiments to test the influence of the nervous system upon the circulation and composition of the blood are of especial interest. "And it is just here," he says, "in the influence of the nervous system, studied *step by step*, on the blood, that much remains to be done." In an Appendix the author has added some of the results of investigations made by M. Robin into the more minute anatomy of the blood, and this is by no means the least instructive portion of the work. We must thank the author of these "notes," who has performed his task so creditably, for bringing before the medical public a volume so likely to prove useful, not only because of the light it throws upon an important branch of study, but because of the additional evidence it furnishes us, in this age of medical heresies, of how practical and earnest and thoroughly scientific are the gleaners in the fields of legitimate medicine. H.

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EDITORIAL.

CLOSE OF VOLUME SEVEN—A RETROSPECT.

READER—for the *seventh* time we are inditing our annual valedictory. So many enterprises of the nature of ours have of late years been short-lived, that we really begin to feel like a patriarch among our fellows. Let us take a brief retrospective view of the past.

The NEW JERSEY MEDICAL REPORTER was commenced under the auspices of the Medical Society of New Jersey in 1847, the same year that gave origin to our National Medical Association. During this brief period, many changes have taken place in our periodical medical literature. There were then, in the United States and the adjacent British Provinces, *eighteen* periodicals devoted to the interests of medicine and its collateral branches. Ours was the nineteenth enterprise of the kind. Of these nineteen, *five* have ceased to exist. Since the Reporter was commenced, *thirty-three* new periodicals have been commenced,—nearly five a year. Of these, *fourteen*, or two a year, have been discontinued. During the last seven years therefore, as many Journals have been discontinued as were in existence at the commencement of that period, and the number now in existence equals those that have been commenced in that time. There are also four re-prints of foreign medical works, making in all *thirty-seven* periodicals, now existing in this country, devoted to the interests of medicine!

Amid all this confusion and change, the Reporter has gone steadily forward, improving year by year, as will be seen by the following statement. When first commenced, it was a quarterly. The first volume contained 332 pages, the second 336, and the third 320 pages. At the middle of the fourth volume the work was changed to a monthly. That volume contained 372 pages, the fifth 456, the sixth 448, and the seventh closes with 540 pages. The work has also been greatly improved in appearance, and an enterprise has been manifested in the matter of embellishments, such as no journal has ever exhibited in this country. Considerably over $100 have been expended in this way during the past year. The sixth volume contained three Portraits, and a lithograph illustration of disease, and the present volume contains four steel plate engravings. Three steel plates have been engraved exclusively for the Reporter.

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During the first three years of its existence, the circulation of the Reporter was almost wholly confined to New Jersey. But since the commencement of the fourth volume it has been steadily gaining friends out of New Jersey, and now circulates in almost every State of the Union, and into some foreign countries.

This general retrospect will serve to show how we have steadily progressed, and we trust will be an earnest of our future course.

But, *cui bono?* What *good* has been accomplished by the Reporter the past year? Let us see. Of the 540 pages of the closing volume, only about 70 pages pave been selected from other journals; the rest is original matter, much of which has been copied into other journals, and thus reached other circles of readers besides those for whose benefit it was originally prepared. Aside from Editorial matter, Book Notices, and reports of County Medical Societies, about *sixty* original articles have been published in our columns the past year. These articles were written by nearly *forty* contributors. Thus much have we added to the aggregate of medical literature. *How well* the work has been done, and *how much* the cause of medical science has been advanced by these contributions, our readers must judge. We are encouraged to feel that we have not laboured in vain—1, From the steady increase in our subscription list, embracing some of the most prominent and distinguished practitioners in the country—2, From the *character* of our contributors, some of whom are known to be among the best medical writers in the country—3, From the many written testimonials which we have received from subscribers,—and 4, From the *promptness and cheerfulness with which so large a proportion of our subscribers have complied with our terms of payment in advance.** We look upon the last as a very pointed and direct evidence of the estimate which is placed upon the Reporter, and the large number of our subscribers who have *already paid* for the coming year, is still more pointed and direct.

To conclude—we neither ask nor expect any encouragement, not even from Jerseymen, that is not founded on an intelligent conviction of the *utility* of our enterprize. But in so far as it is useful to the profession, we think we have a *right* to expect such a support as will not merely pay our printers' bills, but enable us properly to remunerate the able writers who employ their pens in enriching our pages.

Situated as we are, between two great cities, in each of which several Journals are published, it requires no little devotion to our work, and

*☞ *Let it be understood that no new names are entered on our subscription list unless payment is made in advance.*

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explanation. The principle is here the same as that upon which we account for the injurious effects resulting from the exposure of one part of the body to cold when another part is predisposed to or actually suffering from inflammation. No one would think of plunging in iced water the feet of a patient laboring under affections of the bowels, thorax, or head; nor should the stomach be filled with iced water under such circumstances, although this organ may be benefitted by cold applications of the kind to its own surface when this is affected. The same remarks may be applied to acute affections of the skin, and old women are therefore not wrong in objecting to iced drinks in scarlatina, measles, and smallpox, however much they may err in insisting upon keeping the body excessively warm.

In the *cold* stage of our fevers we think warm drinks preferable to cold ones. They hasten the termination of the chill and bring on perspiration much sooner; and though they may be more apt to induce emesis, the very efforts to vomit materially determine the circulation to the surface, and consequently abridge the cold stage.

Demulcents.—Under this head we may place all the mucilaginous infusions, as those of Flaxseed, Slippery-elm bark, Prickly-pear, Bene leaves, Gum arabic, &c. These are nothing more than diluents in combination with bland materials. They are regarded as especially appropriate in irritations, more or less intense, of the alimentary passages, of the respiratory organs, and of the urinary apparatus. Their use has been so long sanctioned by the profession, that it is not without some hesitation that we intimate a doubt as to their real value, or rather as to their superiority over mere diluents. It can hardly be presumed that the gummy or mucilaginous materials they contain, pass into the circulation unchanged, or without previously undergoing the digestive process. They cannot therefore be viewed as bland applications to any other than the surfaces of the digestive tube. Yet they are continually prescribed as though they were destined to reach unchanged, the mucous surfaces of the lungs and urinary organs. We must confess that we have ourselves been so much in the habit of prescribing infusions of Slippery elm and Prickly-pear in affections of the kidneys, bladder and urethra, that we would dislike to abandon them, however much we may be led by theory to doubt their intrinsic efficacy and to attribute the relief to the water and other medicinal agents with which they are administered. We must also say that we, have never perceived any advantage in the use of demulcents, as such, in pulmonary diseases,—and that we really consider the one in most common use (flaxseed tea) often injurious, in consequence of the rancidity of the seed usually obtained from the shops, and the indigestibility of the infusion when made very mucilaginous, to say nothing of the unpleasantness of the dose. The other demulcents can be so readily procured in a fresh state, and are so much more agreeable, that we see no good reason for the very general use made of flaxseed tea.

The Aromatic beverages are infusions of mint, balm, sage, catnip, sassafras, &c. Their chief merit consists in being generally palatable

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and therefore well received by the stomach. In many instances they will relieve nausea, when this unpleasant symptom would be aggravated by demulcents. They are also decidedly anti-septic, preventing the evolution of gas by averting the tendency to fermentation, and improving the general tone of the digestive organs, without exerting injurious stimulation of the general system. They are particularly well adapted to typhoid fevers and diseases of similar character.

Catnip tea is a favorite prescription of mothers for crying babes, under the impression that the cries always indicate the existence of colic, and that catnip is a specific for this. It cannot be denied that the little creatures very frequently become quieted and go to sleep shortly after partaking freely of the well sweetened tea; but whether this effect is to be attributed to relief from colic, to some anodyne or soporific property of the tea, or simply to the fact that this operates as a substitute for the nourishment the child required, remains to be determined.

Sassafras tea is not unfrequently used in the South as a substitute for Coffee and Hyson tea, and is certainly more palatable than either of these, when as wretchedly prepared as they are in many families. Sassafras has been long supposed to possess alterative properties, and has therefore entered into the composition of most of the so-called Diet Drinks. As we do not, however, profess to understand the true meaning of the term *alterative*, as used technically, and that we consider the Diet Drinks in common use, as mere tonics or restoratives of the general stamina, we presume that Sassafras exerts a beneficial influence upon the digestive organs. And, yet, it is difficult to determine the origin of a prejudice which exists in the minds of many of our people against its habitual use, in consequence of its supposed tendency to the production of intermittent fever. This prejudice is so general in Georgia, that it is supposed to have contributed largely, some years ago, to the defeat of a candidate for the gubernatorial chair, who had in Congress urged an increase of the duty upon tea and coffee, adding that if the enhanced price of these articles proved onerous to some, they might drink sassafras tea. The good people proudly refused to vote for any man who was willing to see them all take the ague and fever, merely for the sake of filling the National Treasury! We believe the prejudice to be unfounded—but would like to know if any *facts* can be adduced in support of it.

ASTRINGENTS.—The only beverages in common use in disease which possess any astringency, are the green and black table teas and the sage tea. This effect is, however, so slight as to be unimportant in general.

LAXATIVES.—We may class as such the infusions of Tamarinds, of dried apples, of dried peaches, of raisins, and of cream of tartar; to which may be added Saratoga water. These are all more or less grateful, and remarkably well adapted to a large class of our diseases, in which the intestines are disposed to be torpid. Those possessed of acidity promote an abundant secretion of bile as well as of gastro-intestinal fluids; hence their common use in warm climates.

ACIDS.—Lemonade and orangeade are such general favorites in dis-

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eases of tropical climates, that they are in some of the West India islands, considered as the most important medication in all affections implicating the hepatic secretion. As an anti-bilious remedy, lemonade is held in an equally high esteem by the Creoles as calomel is by the English, and those who borrow their views. Lemonade, besides being exceedingly grateful to the palate, is highly promotive of the mucous, hepatic, renal and cutaneous secretions. The free flow of salivary fluids excited by its contact with the mucous surface of the mouth and the orifices of the ducts that open upon it, will give some idea of its effect upon the gastro-intestinal surfaces and the glands whose ducts terminate in them. The capillary circulation of these mucous membranes and glandular structures, must therefore be much relieved of congestion, if any exist. But besides this local action, lemonade doubtless penetrates the general circulation by imbibition, and is carried to the kidneys and skin, whose secretions it manifestly increases. If the fluids of the system are alkaline, this is changed and they become acid by the free use of this beverage. Producing such decided local and general effects, it would seem more proper to class lemonade among the potent agents of the materia medica, than among the mere adjuvants. We feel satisfied that the therapeutic value of lemonade, in the treatment of our fevers, from the simple intermittent to the dreaded yellow fever, has not been fully appreciated by those who indite most of the books upon our shelves—the British, and our Northern brethren.

Antacids.—There are states of the system in which Antacids may be eminently useful, especially if taken largely diluted or in the form of beverages. The officinal lime water, or small quantities of Bicarbonate of Soda, or of carbonate of Potass, may be thus used with plain water. The well water of blue limestone districts is sometimes of great advantage to dyspeptics. A very common error prevails with the non-professional public, who believe that soda enters into the composition of the beverage vended in our cities under the name of "Soda Water," which is nothing but water strongly impregnated with carbonic acid gas, and without any alkaline properties. The name of Soda Water had its origin in the fact that the carbonic acid gas was formerly obtained for the purpose by the action of acids upon the carbonate of soda, whereas it is now usually derived from marble or some other carbonate of lime. By the addition, however, of a little bi-carbonate of soda to this aerated water, a very pleasant and useful antacid beverage may be made.

Sedatives.—During the prevalence of the Broussaisian doctrine, which regarded nearly all diseases as abnormal irritations or inflammations, sedatives were eagerly sought after, in the vain hope that they would prove to be of general applicability. The distinguished French reformer, however, refused to acknowledge as such any other articles than Prussic acid and Asparagine. We may perhaps, then be excused for placing under the head of sedatives the infusions of the leaves of the Orange tree, the Lemon tree, and the Peach tree, all of which we believe contain more or less Prussic acid. Be this as it may, there is no doubt that they are exceedingly valuable beverages in our autum-

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nal fevers. The orange-leaf tea is remarkably palatable to most persons, and in addition to being a good diluent, diaphoretic and diuretic, has a soothing effect that can scarcely be appreciated by one who has not realized it in his own person. To secure its full influence, it should be taken freely when hot, and just made, (by pouring boiling water upon the fresh leaves,) for it very soon deteriorates and becomes insipid. In the nervous affections of females, and especially in nervous head-aches, it often acts like a charm. The French make great use of the distilled orange flower water, a tea-spoonful of which they add to a glass of sweetened water;—but we think the orange-leaf tea equally valuable, and this is within the reach of every one who has a garden, as the orange tree grows finely in this region of country, and with less trouble than is required to keep the usual supply of balm, sage, &c.

The infusion of Peach tree leaves is peculiarly useful in cases of irritable stomach, whether occurring in our fevers or after a debauch. In such cases, however, it should be made strong and given in small quantities at a time; say a table-spoonful or two, frequently repeated. In cases of hooping-cough, if given freely three or four times a day, it tends materially to lessen the violence of the paroxysms and the duration of the disease. We took occasion many years ago to allude to this use of it, and to recommend it in plantation practice, as safe and valuable.

The last class of beverages to which we shall allude, comprehends those in which NUTRITIOUS elements are added to the diluent. The most common are water holding in solution Gum Arabic, Sugar, and the various syrups, and teas made of toasted bread, rice, barley, &c. The value and applicability of these beverages are so evident, that we mention them merely for the purpose of completing the subject. Indeed we have extended our remarks so much more than we had intended when the theme first presented itself to our mind, that we now entertain serious apprehensions that the reader will be poorly repaid for the trouble of perusing them. We would accordingly withhold them from our pages, were it not that we still feel that the subject is one entitled to more attention than it has heretofore received, and that the imperfections of this hasty paper may induce others to do better.—*Southern Med. and Surg. Journal.*

Vaccination as a Safe and Efficient Prophylactic.—If there be one man in the profession who doubts the efficiency of vaccination, let him read the following extracts from a report made by Dr. Seaton, to the Epidemiological Society of Great Britain.

"We are ourselves satisfied, and it is the concurrent and unanimous testimony of nearly 2000 medical men, with whom we have been in correspondence, that vaccination is a perfectly safe and efficient prophylactic against this disease:

"This proposition we hold to be proved—

"1. By the general immunity with which it is found that those who have been vaccinated can mingle with small pox patients, a fact so familiar that we do not feel that we need adduce any illustration of it.

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"2. By the gradual decrease which has taken place in the mortality from small pox, as compared with the mortality from all causes, since vaccination has been introduced and been generally received. This is illustrated in the following tables:—

"(A.) Table showing the average of deaths from small pox out of every 1000 deaths from all causes, within the bills of mortality, for decennial periods, during the last half of the last century (the half century preceding vaccination.)

For the 10 years ending	1760	- - -	100
"	" 1770	- - -	108
"	" 1780	- - -	98
"	" 1790	- - -	87
"	" 1800	- - -	88

"(B.) Table showing the average of deaths from small pox out of every 1000 deaths from all causes, within the bills of mortality, for decennial periods, during the first half of the present century (the half century succeeding the introduction of vaccination.)

For the 10 years ending	1810	- - -	64
"	" 1820	- - -	42
"	" 1830	- - -	32
"	" 1840	- - -	23
"	" 1850	- - -	16

—*Psychological Inquiries.*

Deaths from Ignorance.—A number of deaths take place, every year, of which the "Crowner's quest laws" has no cognisance and takes no notice. They are the deaths, by peradventure, caused by mistakes in the administration of medicine. People go to a druggist's, ask for one medicine, and then receive another. The substituted drug is taken, death sometimes ensues, and is often attributed to any but the right cause. It is desirable that such accidents shall be prevented, and the prevention is not so difficult as might appear on a casual view of the question.

Only two things are requisite. First, that drugs be sold by none but registered licensed persons, (whether druggists or apothecaries,) and, secondly, that all such persons shall be duly qualified. The qualification —whether for the principal or his assistants and apprentices—should imperatively be the result of an examination as to the nature, quality, uses, doses, and genuineness of drugs and medicines, whether simple or compounded.

In this country, (and the practice is the same in Great Britain,) any person may open a drug-store, sell medicines, and even make up a prescription. Of course, if there be any death from the substitution of drugs, or from an overquantity of the dose, or from any error in compounding the medicine, the law has a hold upon the person or persons through or by whom the fatal mistake may have been made. It has happened, however, here and elsewhere, that comparatively few cases are on record in which the culpable negligence or ignorance of drug dis-

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pensers has been punished. Yet a death so caused is Manslaughter as much as if it had been inflicted by sword or pistol. At the most, (with few exceptions,) a passing condemnation, tacked as a caudal appendage to a Coroner's verdict, is all the notice taken of the matter. In England it is singular enough that there is no law whereby a non-qualified person shall be liable to punishment if he assume without due knowledge, the business of compounding and selling medicines. In the great cities and large towns, the druggist's is a separate and distinct business, over which, at times, a legally qualified person is placed as head. In the smaller towns, the villages, and the hamlets, medicines and groceries are often sold over the same counter, and the shop-boy, with a courage worthy of a better cause, will turn from making up a pound of sugar to compounding a prescription, boldly guessing at the main ingredients.

The culpability is greater across the water than with us, for ever since 1815, there has been an Apothecaries' Act in England, under which a non-qualified person may be prosecuted and fined for dispensing medicines without a license from the Apothecaries' Company. This is a chartered Institution with large funds, which itself furnishes the profession with medicines, the genuineness of which is guaranteed. But, seized with the ambition of rivaling the College of Physicians, the Apothecaries' Company of London have long since departed from their legitimate duty, and extending their examinations to the *practice* of physic, have in a manner neglected the main point of ascertaining the candidate's knowledge of drugs, their origin, uses, qualities, and operation. The effect is, a licentiate Apothecary in England forthwith becomes a general practioner,—a physician, in fact, in all but name,—leaving the dispensing of medicines and the compounding of prescriptions to the mere druggist who may be (but generally is not,) a qualified Apothecary.

In Ireland, on the other hand, by some happy accident of legislation, all that can practically prevent poisoning by peradventure, has long since been done. As far back as 1796, a law was passed by the Irish Parliament (peace to its *manes!*) which contained the following simple provisos: that none but licentiate apothecaries should compound a prescription; that every person before being apprenticed should pass an examination in Latin, the language in which physicians' prescriptions are written; and that at the end of his term he must pass a strict examination as to his knowledge of drugs and medicines, simple and compounded, and also of the leading elements of chemistry and botany. Out of all this some of the best apothecaries in the world are made—men who do not practice, but dispense medicine. There are very few *druggists* in Ireland—scarcely any except in the wholesale line—and it is doubtful whether, within the last fifty years, there have been half a dozen deaths in Ireland arising out of the mal-administration of medicine there.

It is *this* "consummation devoutly to be wished," that we desire to see established among ourselves, and like means will produce like effects.—*N. Y. Daily Times.*

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Cholera.—[We cannot attempt to enumerate in this short abstract the various plans proposed. We must content ourselves with a reference to those which appear to be, to a greater or less extent, novel.]

Strychnine.—Much discussion has arisen in Paris with respect to this remedy. M. ABEILLE (Bull. Gén de Thér., Août,) its advocate, published a most sanguine statement of its powers, and termed it as certain a specific in cholera as quinine in ague. He gave the sulphate of strychnine in doses of one-third of a grain in two ounces of water four times in each twenty-four hours; at the same periods he applied thirty to forty leeches on the base of the thorax, according to the strength of the patient. The statements made by G. M. Abeille, have led to the employment of strychnine by many physicians,—viz., See, Grisolle, Renouard, Fremy, Herard, and Vernois, and the result has been that not one of those gentlemen, after a very great experience of strychnine, has been able to perceive the least benefit in bad cases. In slight cases See thinks it useful. Moreover, it is stated by the editor of the 'Bull. Gén. de Thér.' (No. 4, 30 Août, p. 199,) that he himself went to the Hôpital du Roule, where M. Abeille practises, and found that no other of the physicians there, including M. Boudin, in whose charge the cholera patients were, had the least faith in the practice. The report has also been read to the Academie (L'Union, Sep. 6) by M. Gerardin, on the documents submitted by M. Abeille, in which the statements of this gentleman are shown to be without support, even from his own evidence. We may observe that strychnine has been tried before, and found wanting.

Castor Oil.—Dr. GEORGE JOHNSON (Medical Times and Gazette, Sept.) speaks in high terms of castor oil. He administers half an ounce every half hour, in water; gives cold water *ad libitum;* employs external warmth, but gives no stimulants or opium. Out of fifteen cases of collapsed cholera he saved twelve.

In the 'Times' of September 21st is a Report, presented to the Board of Health by the Medical Council, in which Dr. Johnson's plan of treatment is reported on. It appears that it has been unsuccessful in the hands of others. Out of 89 cases treated by fourteen different practitioners, no less than 68, or 76.4 per cent, were fatal.

Croton Oil.—Dr. STARK (Lancet, Sept.) recommends croton oil: one drop with colocynth every hour, "till a full evacuation of bilious matter is procured." Diluted sulphuric acid, with a little sulphurous acid, is sometimes simultaneously employed to check the vomiting.

The Employment of External Heat and Cold.—In an interesting letter to the Editor of the Bull. Gén. de Thér. (Sept. 15,) M. Legroux states the opinions he has arrived at from the two measures above named. He believes that the use of great degrees of heat is positively and considerably hurtful. Even moderate heat appears to do harm. "Moderate as it may be," says M. Legroux, "heat, whether applied externally, or in the form of hot drinks, augments the malaise and the

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anxiety. Few of the patients find relief. But when the heat is extreme and produced by the agency of hot metal, bricks, bottles, hot bags, and when thick covertures, cushions, and eider-down pillows are added, the anxiety becomes inexpressible, the dyspnœa is extreme, the patient tosses about vainly, imprisoned as he is by his coverings, for purpose of perceiving and breathing the cool air; the epigastric fire increases, and the cramps augment in the direct ratio of the heat. It is a veritable torture, a frightful torment. . . . . Great heat is fatal to patients with cholera. This fact is incontestable, and the public should be warned of it."

On the other hand, Legroux has found evident benefit from cold, iced drinks, from allowing the patient to roll freely in bed, so that the cool air may blow upon him.

The author speaks very highly of the effect of sinapisms. "To conclude," he says, "the fatal effect of an excessive calorification, the benefit of sinapisms, and the good effects of cold drinks, are the only therapeutical facts which it is possible to generalize in the confirmed algide cholera."

Production of Artificial Dropsy in Cholera.—Mr. RICHARDSON (Assoc. Med. Journ., Sept.) proposes to inject fluid into the peritoneal cavity of the cellular tissue, under the idea that it will be absorbed readily. Some experiments are related to show how easily and how safely the plan may be carried out. We are not aware that it has been tried on any cholera case. [Unfortunately, we are afraid that this ingenious suggestion will, like other plans, not succeed. Strychnine, iodide of potassium, and other remedies, have been injected into the cellular tissue, but have not been absorbed.]

Sulphuret of Potassium.—Dr. FROMENTEL (L'Union, Août) dissolves this substance in water, with or without sugar, and gives a table spoonful every half-hour or hour.

Sulphuric Acid.—Dr. FULLER (Med. Times and Gazette, August,) repeats the favourable opinion he formerly expressed of the utility of this remedy. One ounce of the dilute acid of the 'Pharmacopœia' is added to eleven ounces of water, and one ounce and a half are given every twenty or thirty minutes, according to the severity of the case. Six or eight doses altogether are given.—*B. & F. Med.-Chirurg. Review.*

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